

Dr Nazeer Ahmed

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 N Ahmed, Queens Park HealthCentre on 16 December 2015. Overall the practice is rated as requires improvement.

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

- Staff were aware of their responsibilities to raise concerns, and to report incidents and near misses. However, there were limited records and there was no evidence of learning and communication with staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Although the practice had a clear leadership structure there were limited formal governance arrangements.
- The practice had a number of policies and procedures to govern activity, but some were not practice specific and not seen to be working documents.
- The practice did not keep written record of team meetings and decisions made.
- The practice dealt with minor complaints and incidents informally and did not keep written records. There was limited evidence of shared learning and positive actions as a result of significant events or patient feedback.
- Data showed patient outcomes were mixed for the locality.

The areas where the provider must make improvements are:

Summary of findings

- Implement processes for reporting, recording, analysing and learning from significant events, incidents and near misses.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Implement formal governance arrangements including systems for assessing and monitoring the quality of the service provision.
- Ensure that the GP is able to utilise the clinical IT system to its full potential.
- Maintain a record of discussions and decisions taken at meetings to provide an audit trail of actions taken to improve services to patients.
- Implement on-line services such as booking appointment and ordering repeat prescriptions to improve patient access.
- Ensure that the electrical safety certificates and the Control of Substances Hazardous to Health (COSHH) assessment are available at the practice.
- Ensure all recruitment processes are fully implemented.

In addition the provider should:

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff did not have a full understanding about their responsibilities to raise concerns, and to formally report incidents and near misses. When there were unintended or unexpected safety incidents, lessons learned were not communicated widely enough to support improvement. There was no evidence of analysing and/or learning from significant events or incidents.
- Although the ethos of the practice clearly indicates that people receive reasonable support, truthful information and an apology should an incident occur, there was no written evidence to support this or to indicate that actions had been taken to improve processes to prevent the same thing happening again.
- The practice had clear processes and practices in place to keep people safe and safeguarded from abuse. Staff had received adequate training and were aware of their responsibilities with regard to safeguarding vulnerable adults and children.
- There were arrangements in place for the management of unforeseen circumstances that might impact on the running of the service. This was via a business continuity plan and an active “buddy” arrangement with two local practices.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data showed patient outcomes were mixed for the practice, some were better than the CCG averages and some were worse. The practice was under-reporting clinical activity through incorrect coding. Incorrect clinical coding also affected the practice's ability to recall patients for review of their treatment.
- Only five care plans had been completed out of a total of 50 patients on the vulnerable patients' register.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Multidisciplinary working was taking place regularly but was generally informal and meeting minutes were absent or limited.

Summary of findings

- There were incomplete records to show that all staff had had annual appraisals and had individual personal development plans, training records were incomplete. There was no evidence of an induction programme for a recently appointed health care assistant.
- There was good engagement with other providers of health and social care to meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice engaged with the local community and other organisation to ensure that it met people's needs. It had identified health related problems and either arranged or sought out appropriate services at the practice or locally for patients to access. Examples of this are smoking cessation advice from a male health care assistant for male patients, low cost single sex exercise classes for overweight women, non porcine flu vaccine for muslim patients.
- Patients said they found it easy to get through on the phone and easy to get an appointment with urgent appointments available the same day. Routine appointments were seen to be available within 48 hours, patients were satisfied with the opening hours of the practice.
- 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.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



Summary of findings

- It had a vision to provide a high quality service but no evidence of a robust strategy and supporting business plan.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity but these were not practice specific and the practice did not hold regular governance meetings.
- Although risks to patients who used services were assessed, some systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example training records were incomplete, neither the health and safety policy or the recruitment policy were practice specific with evidence of current use.
- The practice sought feedback from patients but the outcomes were not well documented or resulting actions fed back to the patients. The practice had recently initiated a patient participation group (PPG) and had had one meeting at the time of the inspection.
- There was evidence to show that most staff had received regular performance reviews but no evidence to show that new staff had received a formal induction.
- Staff attended meetings and events but no minutes were available to show this.

Summary of findings

The six population groups and what we found

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

Older people

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

The provider was rated as requires improvement for safety, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The percentage of people aged 65 or over who received a seasonal flu vaccination was 82% which was higher than the CCG and national averages.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs, this was acknowledged positively in feedback from patients.
- The percentage of registered patients aged 65 and above was 3.7% which is lower than the national average of 16.7%. Data from Public Health England showed a high level of deprivation for older people in the local area in comparison to the national average.
- Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have completed care plans where necessary.
- Longer appointments were not available for older people.

Requires improvement



People with long term conditions

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

The provider was rated as requires improvement for safety, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The GPs and nursing staff had shared roles in chronic disease management. Patients at risk of hospital admission were identified as a priority.
- Home visits were available when needed, all patients had a named GP.
- Longer appointments were not available.

Requires improvement



Summary of findings

- The data we reviewed prior to our inspection showed that the practice was not performing well in relation to the care and management of patients with diabetes. Data showed that although the practice carried out the necessary investigations and prescribed appropriate treatment, improvement in diabetic indicators was poor. The practice reported a possible error in coding. They also stated that many of their patients are reluctant to take long term medicines for invisible symptoms and are concerned that a diagnosis of diabetes will affect their employment prospects.
- The practice had initiated personalised care plans but the majority were uncompleted. Not all patients had had a structured annual review to check that their health and care needs were being met.

Families, children and young people

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

The provider was rated as requires improvement for safety, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. A red flag alert system was used within the practice to ensure staff were aware of vulnerable patients and families.
- The practice nurse also worked as a practising midwife and ran the shared care ante-natal and post-natal clinic at the surgery.
- Immunisation rates were consistently higher than the CCG rates for all standard childhood immunisations.
- Cervical screening rates were 9% higher than the CCG rate. The practices actively promoted health screening in its culturally diverse population and encouraged patients to participate in national screening opportunities. It achieved a high rate of cervical screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice always offered same day appointments to children and babies
- We saw good examples of joint working with the on site health visitor. She worked closely with the practice by seeing patients at baby clinics, regularly taking part in meetings and

Requires improvement



Summary of findings

discussions and liaising directly with the GPs regarding individual patient care. The health visitor worked with practice the to develop the vulnerable children's register, with on going follow-up of patients as necessary.

Working age people (including those recently retired and students)

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

The provider was rated as requires improvement for safety, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice was proactive in offering a full range of health promotion and screening opportunities to its patients. It acknowledged the culturally diverse needs and the level of deprivation of its population. For example working age men were reluctant to come forward with health problems due to anxiety that a health diagnosis would affect their ability to get work. The male health care assistant worked to address these issues and encourage patients to receive appropriate treatment.
- The practice offered extended hours up until 8pm Monday evening and up until 6pm on most other week days. The national patient survey showed that 87% of patients were satisfied with the practice's opening hours.
- Online services were not available.

Requires improvement



People whose circumstances may make them vulnerable

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

The provider was rated as requires improvement for safety, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of vulnerable patients including those with a learning disability, patients with a diagnosis of dementia and vulnerable adults. All patients on the register with a learning disability or diagnosis of dementia had received an annual health check. Care plans for vulnerable adults had been initiated but not completed.

Requires improvement



Summary of findings

- The practice did not offer longer appointments for people with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people. Monthly meetings were held at the practice to discuss at risk patients.
- The primary care navigator attended one day a week to help vulnerable patients access services, support groups and voluntary organisations.
- The practice worked with a local food bank service to provide food to patients facing financial hardship.
- Patients of no fixed abode were able to register or be seen at the practice.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most 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 requires improvement for the care of people experiencing poor mental health (including people with dementia).

The provider was rated as requires improvement for safety, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were three patients on the dementia register and all had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. A community psychiatric nurse attended the monthly multi-disciplinary meeting, saw individual patients at the practice and liaised closely with the clinical team.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- The GP followed up patients who had attended accident and emergency where they may have been experiencing poor mental health. The GP referred onward to specialist services such as primary care mental health team or the acute service psychological assessment unit.
- Data from 2014/2015 indicated that only 37% of patients with a mental health diagnosis had had a comprehensive care plan documented in the records, this is significantly lower than the national figure of 88%. Incorrect coding had been used since a change over to a new clinical system 18 months ago, this had only been recently identified. The practice reported using a recall system for inviting patients for review.
- Staff had an awareness of how to support people with mental health needs and dementia. The practice reported that urgent appointments were always given to this group of patients

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. Survey forms were sent to 440 patients registered at the practice, of these only 13% of patients responded. The results showed the practice was performing above or in line with local and national averages.

- 89% found it easy to get through to this surgery by phone compared to a CCG average of 85% and a national average of 73%.
- 91% found the receptionists at this surgery helpful (CCG average 86%, national average 87%).
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 96% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 96% described their experience of making an appointment as good (CCG average 80%, national average 73%).

- 66% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards the majority of which were positive about the standard of care received. Patients found the staff helpful and caring, the environment clean and patients had confidence and praise for the GPs. They stated that it was easy to make an appointment but there were several comments regarding the length of time they sometimes had to wait before being seen.

We spoke with four patients during the inspection, All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Patients commented that the GP was caring and always ensured patients understood what the care and treatment being proposed.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Implement processes for reporting, recording, analysing and learning from significant events, incidents and near misses.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Implement formal governance arrangements including systems for assessing and monitoring the quality of the service provision.
- Ensure that the GP is able to utilise the clinical IT system to its full potential.

Action the service **SHOULD** take to improve

In addition the provider should:

- Maintain a record of discussions and decisions taken at meetings to provide an audit trail of actions taken to improve services to patients.
- Implement on-line services such as booking appointment and ordering repeat prescriptions to improve patient access.
- Ensure that the electrical safety certificates and the Control of Substances Hazardous to Health (COSHH) assessment are available at the practice.
- Ensure all recruitment processes are fully implemented.

Dr Nazeer Ahmed

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector **and** included a GP specialist advisor and a second CQC inspector.

Background to Dr Nazeer Ahmed

Dr Ahmed provides GP primary care services (GMS contract) to approximately 2300 patients in Queens Park in the London Borough of Westminster. The practice is based at Queens Park Health Centre, and the building is shared with two other practices, district nursing and health visiting services. The practice is run by a single handed GP (male), who provides nine sessions per week, and a part time locum GP (female) who provides one session per week. The administration team comprises of a full time practice manager, one full time receptionist and two part time receptionists. A primary care navigator attends the practice one day per week.

The practice is open Monday to Friday from 9.00am to 7.00pm but closes at 12.00 mid-day on a Thursday. An extended hours surgery is available from 6.30pm to 8.00pm on Mondays. The reception desk is closed from 1.00pm to 2.00pm for lunch, a telephone answering service is employed to cover the phones during this time. Clinical sessions run from 9.30am to 12.00pm and from 4.30pm to 6.00pm (8.00pm on a Monday) with the exception of Thursday afternoon. The practice does not open at weekends.

The out of hours service is provided by an alternative provider, a message on the practice phone system directs patients to the out of hours service via NHS 111 when the

practice is closed. The practice has employed the out of hours service to provide telephone cover at additional times during the day. Any urgent calls taken in core hours when the practice switchboard is not manned are immediately communicated to the GP via a telephone bypass line.

The nursing service is provided by a practice nurse (female) who works 6 hours per week and a locum health care assistant (male) who works 15 hours per week. The phlebotomy service is run by the health care assistant. Nurse appointments are offered at different times during the week.

The practice has a higher than average percentage of patients who are children and patients of working age, and a lower than average percentage of patients who are over the age of 50. The area the practice serves has a high level of deprivation with an unemployment rate of 20% in comparison to a national average of 6%.

The practice was registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder and injury and surgical procedures. There was no registered manager in post.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 December 2015. During our visit we:

- Spoke with a range of staff (doctor, practice manager, receptionist, site manager) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a limited system in place for reporting, recording and monitoring significant events.

- Staff we spoke with were not clear about their responsibilities to raise concerns or the process of formally reporting incidents and near misses. Only two incidents had been recorded in the last year both in the last two months. Significant event forms had been completed and there was evidence of discussion with the doctors and practice manager.
- There were no minutes of team meetings to show that incidents or significant events were regularly discussed or learning points shared.

The GP told us that national patient safety alerts were sent directly to him and he circulated them to the other clinical staff. He was able to give an example of one he had recently received.

Team members told us that they always try to resolve issues and incidents at the time they occur with the main aim of promptly resolving the situation and reducing the stress involved for the patient concerned. They said people received appropriate support, truthful information and an apology when incidents happen. We did not see written records of these events to support this approach.

Overview of safety systems and processes

The practice had some processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were held in the reception area and were accessible to all staff. The policies were not practice specific but did give details of who to contact locally 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 needed. When questioned staff understood their responsibilities and

all had received training relevant to their role. The GPs, practice nurse and the practice manager were trained to Safeguarding level 3 and non- clinicians were trained to level 1.

- A notice in the waiting room advised patients that staff would act as chaperones, if required. The female nurse was only at the practice for six hours per week and was only able to provide limited chaperone duties. One member of the reception team acted as a chaperone, had received training and a disclosure and barring check (DBS check) had been completed. (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. Cleaning was arranged for the whole health centre by a premises management company. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. An annual infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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 the nurse to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- All permanent staff at the practice had been employed for 10 years or longer. Two team members were employed more recently on a locum basis. We reviewed six personnel files. We found that most recruitment

Are services safe?

checks had been undertaken prior to employment. For example, proof of identification, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Some risks to patients were assessed and managed

- There were some procedures in place for monitoring and managing risks to patient and staff safety. Several versions of health and safety policies were seen but were not practice specific and staff we spoke with were not familiar with these policies.
- We saw evidence to show that the calibration of clinical equipment had been completed in December 2015 to ensure it was working properly. The premises management company organised regular fire risk assessments, legionella monitoring and carried out fire drills for all three practices based at the centre. The site manager told us that electrical equipment testing (PAT) and Control of Substances Hazardous to health (COSHH) assessments had been carried out, these were kept off site by the premises management company and were not available at the time of the inspection.
- Locum GPs were employed to cover the GP's annual leave. The lead GP provided cover for the nurse when she was absent. Administrative staff covered each others roles during holidays or staff absence to ensure that enough staff were on duty.

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.
- Staff received annual basic life support training
- A defibrillator was available on the premises which was shared with two other practices, it was checked and supplies monitored regularly by the site manager. Oxygen was available with adult and children's masks and was monitored monthly. There was also a first aid kit and accident book available in the reception area.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice was linked with two other local "buddy" practices who provided occasional emergency cover and had an agreed emergency contingency plan in the event of major disruption.

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 peoples' needs.
- The practice did not have any evidence to show that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 74% of the total number of QOF points available, with 5.1% exception reporting which is 4% lower than the CCG and national average. We found that written clinical notes were thorough however diagnosis, care plans and templates were often incorrectly coded making searches and evidential proof difficult to demonstrate. The GP was not able to fully utilise the clinical system, this had an impact on patient care and treatment. Incorrect coding had been used since a change over to a new clinical system 18 months ago and had only been recently identified by the practice. The data for diabetes and mental health related indicators had been particularly affected.

Data from 2014/2015 showed;

- Performance for diabetes related indicators was at 59% which was below the CCG average of 80% and the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was at 100% which was above the CCG of 93% and the national average of 98%.

- Performance for mental health related indicators was at 58% which was less than the CCG of 86% and national average by 93%.

Information about patients' outcomes was used to make improvements. For example, the practice reported that it was difficult to get patients with diabetes to attend their appointments and was working to improve this by opportunistically seeing patients. The majority of diabetic patients were of working age and there was resistance to taking long term medicines when no symptoms were apparent.

The practice reported that it had a high level of patients with long term schizophrenia who regularly missed appointments. To address this the practice rang the patients to remind them of their appointment time. The community psychiatric nurse attended monthly multi-disciplinary meetings, liaised closely with the GP regarding patients and saw with individual patients as required.

Clinical audits showed some quality improvement.

- There had been two clinical audits completed in the last two years, these were both completed audits where the improvements made were implemented and monitored. For example, the practice carried out an audit to improve identification and subsequent treatment of patients with a systolic blood pressure more than 150mmHG. The initial audit identified 53 patients, some were already on the hypertension register, others were newly diagnosed. A new protocol was implemented which included ambulatory blood pressure monitoring, an improved recall system and alert system for hypertensive patients, routine blood pressure checks for all patients over the age of 30 and greater advisory input from the clinical team. When the audit was re-run 10 months later 28 patients were identified with a systolic blood pressure more than 150mmHG.
- The practice participated in applicable local audits, accreditation and peer review.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- Role-specific training and updating for relevant staff was provided. For example the health care assistant had received recent training covering smoking cessation, phlebotomy and spirometry.
- The learning needs of staff were identified through a system of annual appraisal. Of the four staff records we looked at for permanent staff, we saw evidence that three had had an appraisal within the last 12 months
- Staff had access to and made use of e-learning training modules and in-house training. Staff training records were incomplete, however we saw evidence of training on: safeguarding, infection control, fire procedures, basic life support, health and safety, and mental capacity and consent.
- All non-clinical staff had worked at the practice for 10 years or longer. A locum health care assistant had recently joined the practice. We did not see written evidence of an induction programme for a recently appointed health care assistant.

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.

- Although this included care plans, medical records and investigation and test results, not all care plans had been completed, however written clinical records did reflect the plan of care. Fifty patients were on the vulnerable adults register, only 5 of these patients had a completed care plan. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated. Whilst information was recorded in the patients' clinical records minutes of these meetings were not routinely taken.

Consent to care and treatment

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

- The clinical staff we met 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, where appropriate, recorded the outcome of the assessment.
- We did not see evidence that the process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

- These included carers, those at risk of developing a long-term condition and those requiring advice on their diet, exercise, smoking and alcohol cessation. Patients were then signposted to the relevant service either at the practice, in the local area or wider health service.
- The practice referred patients to a local community centre for dietetic advice, women's exercise classes and for a children's weight and exercise club. Smoking cessation advice, blood pressure monitoring, phlebotomy and spirometry were available from the health care assistant at the practice.
- There was information leaflets in the waiting room which included topics such as alzheimers and memory loss, meningitis B vaccination, depression, travel clinic details, and flu vaccination. Information about other services included carers' information, health visiting services, the falls prevention service and invitation to the patient participation group

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 84%, which was above

Are services effective?

(for example, treatment is effective)

the CCG average of 75% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 97% and five year olds from 61% to 93%. Flu vaccination rates for the over 65s were 82%, and at risk groups 68%. These were also above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice provided a NHS health check to 20% of eligible patients in the first quarter of 2015/2016 which is within the higher target group for the CCG. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Confidentiality in the waiting room was a recognised issue due to the facilities within the premises. Three practices shared the same waiting room and reception desks were within very close proximity to each other. A microphone system was in use to enable patients to be easily heard by the receptionist behind a glass screen. The practice emphasised that they had little control over the environment but offered to speak to patients in a confidential area when dealing with sensitive information.
- Patient notes were stored on site in locked cupboards in a locked reception area. Staff from the other two practices did not have access to patient notes from another practice.

The majority of the 16 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, patient, treated them with dignity and respect and cared for patients. Comments included that the GP "goes the extra mile" for patients.

We also spoke with one member of the patient participation group. The group had only recently started and had six members. A poster was displayed in the waiting area advertising the group and encouraging new members to come forward. The member we spoke to was satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

- 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 85%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 81% , national average 81%)

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

Are services caring?

practice staff spoke a number of different languages and frequently translated for the patients. There was a notice in the waiting room informing patients that a translation service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of services and support organisations. As the waiting room was shared with two other practices the notices and leaflets were not necessarily specific to the Dr Ahmed's practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff and patients told us that if families had suffered a bereavement, their GP visited the family at home or contacted them by phone. This was followed by a patient consultation at a flexible time and location to meet the family's needs with the GP giving them further support during bereavement and onward referral to bereavement services if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the health issues of its local population and was working to address the health needs of its patients. The GP attended monthly CCG meetings to keep abreast of local developments and to contribute to CCG audits. The practice is based in an area of high deprivation with patients from many different cultures. It had used several different approaches to engage patients.

- A high proportion of female patients had weight management issues and they had said that they were uncomfortable exercising in a mixed sex environment. The practice had sought out single sex exercise classes at a local centre and negotiated a reduced price per session for their patients.
- The practice had acknowledged that there was limited access to a female GP and had proactively tried to address this by increasing the number of sessions from their locum GP.
- The practice had identified there was a high level of smoking amongst the local male population and therefore provided a smoking cessation service via a male health care assistant to engage with this group and actively encourage smoking cessation.
- The practice had identified a high level of obesity in children and reported two recent cases of type II diabetes in children aged 13 and 15 years. In response, overweight and obese children were referred to a local after school diet and exercise club.
- A number of muslim patients refused the intranasal flu vaccine due to the porcine content in the vaccine. The practice responded to this by organising a supply of non porcine injectable flu vaccine for these patients. The percentage of patients receiving flu vaccination was significantly higher than the national average.
- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.00pm for working patients who could not attend during normal opening hours.
- Ten patients were on the learning disability register. The practice did not offer longer appointments for people with a learning disability but reported that patients requiring extra time were seen for as long as necessary. Patients on the learning disability register were invited

in for annual health checks. The GP also talked to their carers and discussed their own needs and state of health. Referrals to carer support services were made as required.

- Home visits were available for older patients / patients who would benefit from these. Patients requiring a home visit were encouraged to ring in the morning. Their details were passed to the GP who spoke with them by phone and carried out a home visit as necessary.
- The practice nurse also worked as a practising midwife and ran the shared care ante-natal and post-natal clinic at the surgery. We saw examples of joint working with the on site health visitor. They worked closely with the practice by seeing patients at baby clinics, regularly taking part in meetings and discussions and liaising directly with the GPs regarding individual patient care. The health visitor worked with the practice to develop the vulnerable children's register, with on going follow-up of patients as necessary.
- Same day appointments were available for children, vulnerable adults and those with serious medical conditions.
- There were disabled facilities, a hearing loop was shared between the three on site practices, and translation services were available either via the practice staff or a translation service. Translation services were advertised to patients.
- The practice identified patients who were struggling to find enough resources for food and gave them a food token for a local food bank service. Each token entitled the patient to three days worth of food. The patient was also referred to the primary care navigator for advice on benefits and, if a child was involved too, the on site health visitor for continued follow up.
- A primary care navigator worked at the surgery one day per week. Her role was to help patients over 55 yrs of age with issues such as housing, benefits, transport and she referred to other services such as environmental health and the memory clinic.

Access to the service

The practice was open between 9.00am and 7.00pm Monday to Friday, it was closed between 1.00pm and 2.00pm every day for lunch. The practice was also closed from 1.00pm onwards on a Thursday. Appointments were from 9.30am to 12.00pm every morning and 4.30pm to 6.00pm daily. Extended hours surgeries were offered from

Are services responsive to people's needs?

(for example, to feedback?)

6.30pm to 8.00pm every Monday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available to book on the day for people that needed them. The practice had recently started offering pre-bookable telephone appointments every morning to effectively deal with non-urgent enquiries. Patients told us they usually had to wait no more than five working days for a routine appointment.

The practice had organised for the local out of hours collaborative to provide a telephone answering service from 8.00am to 9.00am, at lunch times and on Thursday afternoons. The staff team was very small and this arrangement provided extra capacity when needed. If a patient required urgent attention from the clinicians during this time, details were immediately phoned through to the GP via a bypass line.

The practice contacted patients via phone and text. We were told that they rarely sent out letters and that the practice website was not yet up and running. Patients were unable to book appointments or obtain repeat prescriptions on-line.

A poster advertising interpreting services was displayed in the waiting area, we were told that staff members were able to translate most languages required these include Urdu, Punjabi, Arabic, Somali, Ghanaian and Sinhalese. Additional interpreting services were made available as needed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above or inline with local and national averages. People told us on the day that they were were able to get appointments when they needed them.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 89% patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73%).
- 96% patients described their experience of making an appointment as good (CCG average 80%, national average 73%).
- 66% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 65%).

Listening and learning from concerns and complaints

The practice stated that they had not had a complaint for nearly two years, and as such could not evidence that they had an effective system in place for handling complaints and concerns. When asked about complaints the staff and GP stated that they do their best to resolve any issues with the patient as soon as possible. There was a poster and leaflet in the waiting area to advertise the complaints system and to help patients understand the process involved.

- There was a sign on the reception desk window encouraging patients to submit comments via a comments box.

Are services well-led?

Requires improvement 

(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, however there was no evidence to show how they dealt with comments or expressions of dissatisfaction.

- The practice had a mission statement but it was not displayed in the waiting area. Staff knew and understood the values.

Governance arrangements

The practice had limited governance arrangements. The practice manager was not aware of the responsibility to fully document meetings, decisions, actions or incidents. The practice stated that it had regular meetings with staff but minutes were not routinely taken and agenda items not noted. There was no written evidence to show that information on performance, quality or risks was discussed.

- There were procedures for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a clear staffing structure, staff were aware of their own roles and responsibilities.
- Although a range of practice policies were available for staff to view when we looked at them they were not practice specific and staff were not familiar with them.
- Staff did not have a comprehensive understanding of the performance of the practice.

Leadership, openness and transparency

The practice was run by a single handed GP and there was a clear leadership structure in place and staff felt supported by management. The GP was visible in the practice and staff told us that he was approachable and always took the time to listen to all members of staff.

- Staff told us that the practice held regular team meetings but they tended to be informal, minutes of discussion and decisions were not taken.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP.

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

There was limited information available on the occurrence of safety incidents and limited recording of significant events. The practice did not have a culture of recording information.

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

The practice had limited feedback from the patients, the public and staff. There was little written evidence regarding comments and complaints, significant events or to evidence any actions taken in response to the national patient survey.

- The practice had recently initiated a patient participation group (PPG) and had only held one meeting. It had gathered some feedback from patients through surveys but there was limited documentation to support the outcomes and actions taken.
- A recent patient survey showed that patients wanted more information via the noticeboard and leaflets. The practice manager told us the noticeboard in the shared waiting room was very small with little capacity to extend it and it was not possible to distinguish which posters and leaflets belonged to each practice
- The practice stated that no complaints had been received in nearly two years. Informal comments or concerns were not recorded and there was no evidence to show that any action had been taken in response.
- The practice did not have any written evidence to show that it had gathered feedback from staff. However staff told us they would not hesitate to give feedback and discuss any concerns or issues with the GP and management.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice did not have sufficient processes in place to report, record, analyse or learning from significant events, incidents and near misses.</p> <p>Staff were not provided with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.</p> <p>There were very limited formal governance arrangements including systems for assessing, monitoring and recording the quality of the service provided.</p> <p>Regulation 17(2)(a)(b)(d)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The GP was not able to fully utilise the clinical IT system to effectively record and plan patient care.</p> <p>Regulation 12(2)(c)</p>