

Dr Mahmoud Ibrahim (also known as Rossendale Valley Medical Practice)

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 Rossendale Valley Medical Practice on 17 December 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff employed by the practice. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate, such as when staff are acting as chaperones.
- Ensure all staff have the relevant training to carry out their role and responsibilities, for example, safeguarding training. Ensure all staff receive supervision and appraisal within appropriate timescales and all staff files are monitored regularly.
- Ensure a programme of clinical and non-clinical audits and re-audits is implemented to improve patient outcomes.

Summary of findings

- Ensure the arrangements for identifying, recording and managing risks and implementing the mitigating actions are fully embedded.

In addition the provider should:

- Review and update policies to ensure that practice was consistent with current guidance.
- Staff should have access to job descriptions to ensure they are aware of the roles and responsibilities they have.
- More routine staff meetings should be available and any learning should be shared with all staff groups.
- Respond to feedback sought from all sources including the national GP patient survey and information from the NHS Choices website.
- Ensure the practice business continuity plan is up to date and fit for purpose.

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 as there are areas where improvements should be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Patients were at risk of harm because systems and processes were not in place or not being followed. For example, staff performed chaperone duties without a Disclosure and Barring Service (DBS) check or appropriate risk assessment to justify the decision not to perform a DBS check being in place. Adequate recruitment procedures were not in place.

Requires improvement



Are services effective?

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice identified patients who may be in need of extra support.
- There was little evidence that audit was driving improvement in performance to improve patient outcomes.
- Appraisals were not scheduled and undertaken on time. Not all staff had completed their yearly appraisal.

Requires improvement



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



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

- 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 this.
- 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 knowing about notifiable safety incidents.
- There was a documented leadership structure and all staff felt supported by management.
- The practice sought feedback but did not act on negative feedback from all sources including the national GP patient survey and information from the NHS Choices website.
- The governance arrangements were not fully embedded and this had led to gaps in safe management of the service. For example, staff didn't have access to job descriptions and the policies and procedures weren't always reviewed on time.

Requires improvement



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 safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits by the GP and nurse and urgent appointments for those with enhanced needs.
- Flu vaccination rates for the over 65s (01/09/2013 to 31/01/2014) were 68.8%, below the national average of 73.24%.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However :

- The GP took the lead in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed better than the national average in three out of the five diabetes indicators outlined in the Quality of Outcomes Framework (QOF). The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 79.77% compared to the England average of 77.54%, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 73.91% compared to the England average of 78.03% and the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 93.18% compared to the England average of 88.3%. The two indicators that performed below the England average were the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 93.41% compared to the England average of 94.45% and the

Requires improvement



Summary of findings

percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 88.66% compared to the England average of 80.53%.

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

Families, children and young people

The practice is rated as requires improvement for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patient comments confirmed children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 79.3% compared to the England average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

Requires improvement



Summary of findings

- 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.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However

- Performance for mental health related indicators was below the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 76.19% compared to the national average of 88.47%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 85.71% compared to the national average of 89.55%.

Requires improvement



Summary of findings

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 88.89% compared to the national average of 84.01%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on 2 July 2015 and showed the practice was performing in line with local and national averages. A total of 387 survey forms were distributed and 108 were returned (a response rate of 28% which represents 4.3% of the practice patient list).

- 78% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 86% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 99% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 69% described their experience of making an appointment as good (CCG average 71%, national average 73%).

- 69% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65%, national average 65%).

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought that staff were approachable, committed and caring.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. All 35 comment cards contained positive comments about the standard of care received from all staff. Several praised the reception staff for their assistance and all were highly complementary of the main GP, Dr Mahmoud Ibrahim. Two patients (husband and wife) had written a letter for the CQC inspection team expressing their praise and gratitude for the help and care offered by Dr Mahmoud Ibrahim and the team at Rossendale Valley Medical Practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff employed by the practice. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate, such as when staff are acting as chaperones.
- Ensure all staff have the relevant training to carry out their role and responsibilities, for example, safeguarding training. Ensure all staff receive supervision and appraisal within appropriate timescales and all staff files are monitored regularly.
- Ensure a programme of clinical and non-clinical audits and re-audits is implemented to improve patient outcomes.
- Ensure the arrangements for identifying, recording and managing risks and implementing the mitigating actions are fully embedded.

Action the service **SHOULD** take to improve

- Review and update policies to ensure that practice was consistent with current guidance.
- Staff should have access to job descriptions to ensure they are aware of the roles and responsibilities they have.
- More routine staff meetings should be available and any learning should be shared with all staff groups.
- Respond to feedback sought from all sources including the national GP patient survey and information from the NHS Choices website.
- Ensure the practice business continuity plan is up to date and fit for purpose.

Dr Mahmoud Ibrahim (also known as Rossendale Valley Medical Practice)

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector who was supported by a second CQC inspector and a GP specialist advisor.

Background to Dr Mahmoud Ibrahim (also known as Rossendale Valley Medical Practice)

Rossendale Valley Medical Practice is based in Haslingden and is part of the East Lancashire Clinical Commissioning Group (CCG). The practice has 2520 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Male and female life expectancy in the practice geographical area is 77 years for males and 82 years for females both of which are slightly below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were similar to the average GP practice in England.

The practice had a higher percentage (62.9%) of its population claiming disability allowance than the England average (50.3%).

The service is provided by a single handed GP (male). The practice also employs a practice manager, practice nurses, an advanced nurse practitioner as well as a number of reception/administrative staff who also cover other duties.

The practice is based in a refurbished health centre, under contract with NHS East Lancashire, and offers a comprehensive range of services. It is fully equipped with facilities for the disabled including disabled parking at the rear of the building, access ramps, double doors, disabled toilet, hearing loops in the reception area and a lift.

The surgery is open 6:30am to 8pm on Mondays, 8am to 1:15pm on Tuesdays, 7am to 8pm Wednesdays and 8am to 6pm on Thursdays and Fridays. When surgery is closed every Tuesday afternoon from 1:15pm, a GP will be on-call for emergencies until 6:30pm. All surgeries are accessed by appointment. There is provision for ill children to be seen the same day. Patients are redirected to the out of hours service and asked to call 111 when the surgery is closed.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 December 2015. During our visit we:

- Spoke with a range of staff including doctors, the practice manager, a nurse, an advanced nurse practitioner as well as the reception staff and we spoke with patients who used the service.
- Observed how people were being dealt with by the practice staff.
- Reviewed the personal care or treatment records of patients.

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 system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available. However, there was no formal policy in place.
- The practice carried out an analysis of the significant events. We reviewed two of these and found they were not always thorough and actions resulting from them had not always been followed up.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were not always shared with all staff groups to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, but they were not fully embedded as staff were not always aware of them. There were:

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and there was a lead member of staff for safeguarding.
- Policies outlined who to contact for further guidance if staff had concerns about a patient's welfare which included contact details for safeguarding referrals in the clinical rooms.
- Staff demonstrated they understood their responsibilities. Staff had received training relevant to their role, for example, the GP was trained to Safeguarding level 3. However, there was a lack of update/refresher training for some staff such as an administrative staff member whose training was out of date by over two years.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

be clean and tidy. There was an infection control protocol in place and staff had received up to date training. The practice manager was the infection control lead; however, there was no liaison with the local infection prevention teams to keep up to date with best practice. The annual infection control audit had been undertaken in October 2015 but there was no 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). Vaccines were stored appropriately and in date. The practice may find it useful to have a system to record and check the expiry dates which would stop the potential for the vaccines to become out of date.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The receptionists were putting the medications on repeat prescriptions on the computer and changing doses as directed on the discharge letters. The final prescription was checked by the GP prior to issue for any errors.
- Prescription pads were securely stored and there were systems in place to monitor their use.
- A notice in the waiting room advised patients that chaperones were available if required. The nursing and reception staff had received appropriate training for the role but the nurses would usually carry out the chaperoning duty. Non-clinical staff were also trained for this role and stood in when the nurse was not available. They had not 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). Where DBS checks were not required, there were no risk assessments in place to identify and limit the risks to the patients.
- The practice had a recruitment policy in place but this was not appropriate as it did not outline the process to follow for appropriate checks to be conducted during recruitment. The policy didn't fully outline how staff identity should be confirmed and didn't outline the process for DBS checks.

Are services safe?

- We reviewed six personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification was only available in two files and sometimes only one proof was available whereas the policy stated there should be two. References, qualifications and checks for registration with the appropriate professional body were not always completed. Not all relevant staff had undergone the appropriate checks through the DBS as part of their employment.
- One GP, who had been employed for over a year, was currently on maternity leave and was still on the practice payroll. No personnel file or records of employment were available for this GP. We were told this was because the GP had taken everything with them.
- The practice utilised an agency advanced nurse practitioner (ANP) who worked alongside the GP. Appropriate employment checks were not available for this ANP such as DBS or identity checks.
- The practice manager told us there was a low turnover of staff and the majority of staff had been employed for a number of years and through recommendations from other practices.
- All staff had individual access to the electronic systems used by the practice for patient administration such as looking at personal details, adding notes and looking at test results

Monitoring risks to patients

- There were procedures in place for monitoring and managing some risks to patient and staff safety. For example, there was a health and safety policy available with a poster in the reception office.
- The practice had an up to date fire risk assessments as part of the estates management who owned the building. Staff told us they had carried out regular fire drills. The practice did not have a dedicated fire marshal who had received specific training for this role.

- We saw evidence of electrical equipment checks 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 but risks such as control of substances hazardous to health (COSHH) had not been considered.
- 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 that enough staff were on duty.
- The nurse was not clear of what actions to take in the case of a needle stick injury. We found the practice had a policy in place but this wasn't known to all staff.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was no alarm system in the consultation and treatment rooms which would alert staff to any emergency.
- 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. There was also a first aid kit and accident book available.
- The practice business continuity plan had been agreed with mutual support with other practices in the area and contained a list of contact numbers for staff, but there was no formal plan about procedures to follow for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 people's needs.

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 (2014/15) were 88.4% of the total number of points available, with 8.9% clinical exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for all 11 diabetes related indicators was 77.9%. This was below the CCG average of 90.8% and below the national average of 89.7%. Performance for both hypertension related indicators was 100%. This was above the CCG average of 97.8% and the national average of 97.8%.
- Performance for mental health related indicators was 76.9%. This was below the CCG average of 93.3% and below the national average of 92.8%.
- Performance for dementia related indicators was 88.5%. This was below the CCG average of 96.7% and the national average of 94.5%.

Since the publication of the QOF results, the practice manager and GP had identified that the patient templates on the online patient records system was completed which had resulted in the lower scores. The GP had received training to ensure the coding was rectified and staff were working to ensure the results were an accurate reflection of the work carried out. We looked at two records for patients with dementia and found they had been reviewed but the incorrect coding had caused a lower score.

Clinical audits

- There had been two clinical audits completed in the last two years. We saw evidence of both of these audits the GP had conducted for their appraisal. The GP explained the outcomes and the actions taken as a result of the initial audits.
- The audits we looked at were not two cycle audits and therefore the changes made following the first audit had not been checked to see if the improvements intended had in fact occurred.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could not always demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals. However, appraisals were not consistently completed. The staff we spoke to told us they had not received an appraisal in the previous 12 months, and the personnel files we reviewed for long standing staff members did not contain evidence of appraisal within the previous 18 months.
- Staff had access to a planned programme of training available through the use of an e-learning package. Training topics available included; safeguarding, fire safety, infection control, basic life support and information governance. However, training records and staff feedback highlighted gaps in staff training. The practice manager informed us that the e-learning package was relatively new to the practice and prior to this training had been carried out in an ad hoc manner. There were discrepancies in the files as to which staff had completed each training course.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. 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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on an informal and ad hoc basis.

Consent to care and treatment

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

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

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The team worked with the Inspire Integrated Substance Misuse Service offering a wide range of support for anyone worried about their own or somebody else's substance/alcohol use.
- Services specifically for military veterans were also offered as well as acupuncture services offered by the GP.
- Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79.3%, which was below the national average of 81.88% (01/04/2014 to 31/03/2015). 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 comparable to CCG/national averages for the vaccinations given to under two year olds (range from 78% to 88%). The rates were mostly below the CCG/national averages for the vaccinations given to five year olds (range from 51.4% to 97.3%).

Flu vaccination rates for the over 65s (01/09/2013 to 31/01/2014) were 68.8%, below the national average of 73.24%

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. 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 very helpful to patients and treated people 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 and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs.

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the most recent national GP patient survey (July 2015) showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 87%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 86% said they found the receptionists at the practice helpful (CCG average 85%, 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.

Results from the most recent national GP patient survey (July 2015) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were slightly below the local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Staff told us translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. 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 GP contacted them. This call was either followed up by a patient consultation at a flexible time to meet the family's needs and/or by giving them 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 had sufficient space and flexibility for the current number of patients being treated. The premises and services had been designed to meet the needs of people with disabilities and were accessible to patients with mobility difficulties. The reception desk had been lowered so people in wheelchairs could access the staff more readily.
- A hearing loop was located at the reception desk for those who were hard of hearing.
- There was sufficient free parking to meet patients' needs as well as a number of disabled parking bays.
- The practice offered early and late appointments on Mondays and Wednesdays for patients who could not attend during normal opening hours.
- Longer appointments were available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed. The GP also spoke Arabic, Kurdish and Turkish.
- The practice was working with the nurses from the CCG who went into the local care and nursing homes on a routine basis. The GP signposted any patients who required follow up to these nurses and vice versa.

Access to the service

The practice was open 6:30am to 8pm on Mondays, 8am to 1:15pm on Tuesdays, 7am to 8pm Wednesdays and 8am to 6pm on Thursdays and Fridays. All surgeries were accessed by appointment on a daily basis. There was provision for ill children to be seen the same day.

Urgent appointments were available on the afternoon of the inspection for people that needed them. Routine

pre-bookable appointments were also available from the day of inspection onwards and staff told us that routine appointments could usually be booked four weeks in advance. Patients confirmed they had no difficulties in getting any appointments. Online booking and telephone bookings were also available.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 78% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 69% patients described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 69% 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 had a system in place for handling complaints and concerns.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system and was displayed in the waiting room areas.
- The complaints policy and procedures were available but they did not contain any information about how patients could access external agencies, such as the Parliamentary and Health Service Ombudsman (PHSO), if they were not satisfied with how the practice had handled their complaint.

We looked at the only complaint received in the last 12 months and found this was dealt with in a timely and satisfactory manner. Lessons were learnt and action was taken as a result to improve the quality of care for the patient.

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 staff described a clear vision to deliver high quality care and promote good outcomes for patients. The GP described how the staff aimed to provide a safe and effective service whilst treating patients with respect and dignity in a safe and friendly environment.

- The practice had an overall focus to deliver consistent, friendly and patient centred care and staff knew and understood these values.
- The statement of purpose stated “The high quality of healthcare we provide will be backed by an efficient and effective service, responsive to patient demand and accessible to all.”

Governance arrangements

The practice lacked a clear documented overarching governance framework to support the delivery of the strategy and ensure consistent good quality care.

- There was a clear staffing structure and staff were mostly aware of their own roles and responsibilities. However, not all staff had access to documented job descriptions which meant they could not carry out the full range of duties and staff could not plan training to meet their role.
- Practice specific policies were implemented and some were available to all staff. However, policies were not always available or adequate for all processes such as recruitment or incident reporting.
- Policies were not regularly reviewed or updated to ensure that practice was consistent with current guidance.
- The programme of continuous clinical and internal audit was not fully embedded as the audits weren't happening regularly and the processes were not repeated which meant the practice could not monitor quality and could not make all the required improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing the mitigating actions were not fully embedded. We noted there were no Control of Substances Hazardous to Health (COSHH) assessments and risk assessments were not available in

all areas, for example, there were no specific environmental risk assessments and the practice hadn't taken into account lone working arrangements especially when the GP conducted home visits.

- The practice manager had developed a business plan in conjunction with two nearby practices and had held a meeting to determine how they would support each other. However, the business continuity plan did not contain all the relevant information and there was no policy or details of actions the practice would take in the event of an incident taking place. The practice manager was due to retire and had been working to hand some aspects of the role to other staff and had documented this.

Leadership, openness and transparency

The GP and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP and practice manager encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with management and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice.
- We found the practice did not hold regular team meetings but staff were kept updated via ad hoc meetings. Minutes and agendas for these meetings were not always shared.

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

Are services well-led?

Requires improvement 

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

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 GP and practice manager had an open door policy. Staff said they felt well supported at work and could approach their manager if they had any problems.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The practice had gathered feedback from patients via a patient satisfaction survey but had not put an action plan in place following the results.

- The practice was not responsive to the findings from the national GP patient survey published in July 2015 and we saw some negative feedback on the NHS Choices website which had not been responded to by the practice.

Continuous improvement

- The practice was working with the local CCG nurses to share information about patients in care homes to ensure a collaborative approach was taken.
- All discharge letters from the hospital for patients over 75 were handed to the most senior member of staff to contact the patient to see if they had any requirements such as medication requests or if they required a home visit.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found the registered person did not assess the risks to the health and safety of service users of receiving the care or treatment and did not do all that was reasonably practicable to mitigate any such risks.</p> <p>This was in breach of regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person did not have all the required practice specific policies and procedures. The practice did not complete clinical audit cycles in a way to improve patient care and implement change.</p> <p>This was in breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (RA) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found the registered person did not operate an effective system to provide support, training, professional development, supervision and appraisal as necessary to enable staff to carry out the duties they are employed to perform.</p> <p>This was in breach of regulation 18(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered person did not operate an effective recruitment system. The information required in Schedule 3 was not held for all staff and Disclosure and Barring Service (DBS) checks had not been carried out for all appropriate staff.

This was in breach of regulation 19(1)(a)(b)(2)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.