

Dr Hafiz Rehman

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Inadequate 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a focussed inspection of the provider on 27 January 2017. This was to follow up issues around safe care that had been identified at an earlier comprehensive inspection in December 2015. During the course of the focussed inspection we identified a number of new concerns. As a result, we returned to complete a comprehensive inspection of the practice on 1 February 2017.

Overall the practice is rated as inadequate.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, there was a very low number of incidents recorded over the previous year. When things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Staff were open and apologised to

patients, however, some senior staff we spoke with were unaware of the regulation relating to duty of candour and a clear policy on this requirement had not been developed by the provider.

- Although some risks to patients were assessed, they were limited in scope. For example, there was no health and safety assessment of the premises or evidence of an electrical system check being completed within the last five years. One clinician did not have the required indemnity insurance to cover the number of sessions they undertook, and some recruitment checks had not been consistently applied.
- Whilst the practice could confirm that the lead clinician had the required training in safeguarding, mandatory training in health and safety had not been completed by all staff.
- The practice had adequate arrangements to respond to major incidents such as a power failure. However, we saw that the practice did not have oxygen available onsite for use in a medical emergency. The

Summary of findings

practice confirmed after the inspection that a supply of oxygen had now been ordered. There were no records of maintenance checks on the defibrillator kept.

- Medicines were not safely managed across the practice. This included inadequate monitoring of vaccine stocks, inadequate safeguards to the power supply for the medicines fridge, security of medicines in an unlocked fridge, expired emergency medicines and a lack of authorisation and review for administration of certain medicines that require this.
- Data showed some patient outcomes were low compared to the national average. There was no recent audit activity to drive improvements to patient outcomes.
- We observed patients being treated with compassion, dignity and respect. Results from the national GP patient survey aligned with our observations. Vulnerable patients had been identified and could receive same day access to appointments if requested.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, the system for sharing drug alerts across the practice was not sufficiently monitored. Communication with other health professionals was sometimes haphazard and led to a delay in communicating patient information. The management of test results was vulnerable to delay.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. However, verbal complaints were not recorded and there was no evidence of learning from complaints being shared across the staff team.
- The practice had a number of policies and procedures to govern activity, but many of these were significantly overdue for review and/or originated from other providers and contained inaccurate information.
- Governance meetings did occur, however they were relatively infrequent. Minutes from these meetings were not sufficient to support learning and ongoing review.

The areas where the provider must make improvements are:

- Improve the processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with health and safety across the practice.
- Ensure that all necessary recruitment checks in regard to securing references for all staff are carried out.
- Carry out quality improvement activity, including re-audits to ensure improvements have been achieved and are sustained.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies, clinical supervision and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

The areas where the provider should make improvement are:

- Review arrangements for the identification and support of carers amongst the patient population.
- Review arrangements for the monitoring of cleaning activity to be assured that standards of cleanliness are consistently maintained.
- Review the arrangements for the sharing of medicine alerts to assure themselves that information has been seen and acted upon.
- Review the arrangements for seeking written consent for circumcision services to assure themselves that they are following recommended practice.
- Review the approach taken in targeting patients for bowel and breast cancer screening to improve uptake and review areas of chronic disease management to drive improved outcomes for patients.
- Review arrangements for the management of complaints to be assured that patients are consistently advised of their right to refer their complaint to the Parliamentary and Health Ombudsman if they remain dissatisfied with the provider's response and that effective learning is implemented across the staff team.

I am placing this service in special measures. Services placed in special measures will be inspected again within

Summary of findings

six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services and improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, there was a very low number of incidents recorded over the previous year. When things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Staff were open and apologised to patients, however, some senior staff we spoke with were unaware of the regulation relating to duty of candour and a clear policy on this requirement had not been developed by the provider.
- Recruitment checks were not consistently followed as references were not sought in all cases. One clinician did not have the required medical indemnity insurance cover for the number of clinical sessions they carried out.
- Although some risks to patients were assessed, they were limited in scope. For example, there was no health and safety assessment of the premises or evidence of an electrical system check being completed within the last five years.
- Whilst the practice could confirm that the lead clinician had the required training in safeguarding, training in health and safety had not been completed by all staff.
- The practice had adequate arrangements to respond to major incidents such as a power failure. However, we saw that the practice did not have oxygen available onsite for use in a medical emergency. In addition, no checks had been completed to test the defibrillator. There were emergency medicines available, but some of these medicines were out of date. We saw that systems to check stocks of medicines, including vaccines were not thorough enough. We saw that vaccines were stored in an unlocked fridge, in a room which was accessible to the public.
- Patient Group Directions (PGDs) that permit the supply of prescription-only medicines to groups of patients, without individual prescriptions were being used without the correct authorisation or were past their review date.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

Inadequate



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were lower than the local and national average.
- There had not been any clinical audit activity in the previous 12 months to drive improvement in patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment, however not all staff had received updates in health and safety and infection control.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, we saw that communication with the health visitor was haphazard and not effectively managed.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed that patients rated this practice higher than others for most aspects of care.
- We saw that patients attending the surgery were treated with kindness and respect.
- 92% of patients described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and the national average of 78%.
- The practice had identified 6 carers from a practice population of 2645, which was 0.2% and did not have a strategy in place to improve the identification of and support for carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, by reserving a high number of appointments for same day consultations. However, the provider did not open until 9am Monday to Friday and closed at 1pm on a Thursday.
- The practice maintained a register of vulnerable patients and ensured that these patients could access same day care as required. However, patients who were coded as experiencing a learning disability were not consistently called for an annual health review.

Summary of findings

- Information about how to complain was available within the practice. However, verbal complaints were not routinely recorded within the practice and we did not see evidence that effective learning from complaints was implemented across the staff team.

Are services well-led?

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

- The practice did not have a clear vision or strategy. Key roles within the clinical and management team had experienced a reduction in their hours, without consideration as to the potential impact on safety and patient care
- There was a clear leadership structure and staff described feeling supported, however the physical presence of the lead clinician at the practice was limited to two days a week which impacted on support for remaining staff.
- The practice had a number of policies and procedures to govern activity, but many of these were significantly overdue for review and/or originated from other providers and contained inaccurate information.
- Governance meetings did occur, however they were relatively infrequent. Minutes from these meetings were not sufficient to support learning and ongoing review.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.
- The training needs of staff were not fully addressed and there was a lack of clinical supervision and support across the team.

Inadequate



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 inadequate for the care of older people. The practice is rated as inadequate for providing safe, effective and well led services and good for caring and responsive services. The issues identified impact on the care provided to this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. However, the practice had a very low uptake of patients on the carers register.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long term conditions. The practice is rated as inadequate for providing safe, effective and well led services and good for caring and responsive services. The issues identified impact on the care provided to this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 40% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that diabetes in some patients was being well controlled. However this was 25% lower than the local average and 22% lower than the national average. In addition, 75% of newly diagnosed diabetic patients were referred to an education programme following diagnosis. This was 14% lower than the local average and 21% below the national average.
- 90% of patients, newly diagnosed with chronic lung disease, had received an assessment of their lung capacity within 12 months of diagnosis. This was the same as the local and national average.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Inadequate



Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The practice is rated as inadequate for providing safe, effective and well led services and good for caring and responsive services. The issues identified impact on the care provided to this population group.

- From the sample of documented examples we reviewed we found that not all children who were known to be at risk of safeguarding were routinely followed up if they did not attend an appointment.
- On the day of the inspection, we found that a locum who visited the practice had not been given access to safeguarding alerts on the computer system.
- A circumcision service was offered to patients who requested this for cultural reasons.
- Immunisation rates were relatively high for all standard childhood immunisations.
- A midwife visited weekly to provide care and support for pregnant women.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Contraceptive services were available and cervical smears were provided.
- There was liaison with the local health visitor; however communication was inconsistent and not effectively monitored.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The practice is rated as inadequate for providing safe, effective and well led services and good for caring and responsive services. The issues identified impact on the care provided to this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on a Tuesday evening. However, the surgery did not open until 9am during the week.

Inadequate



Summary of findings

- 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. However, we saw that screening for bowel and breast cancer was significantly lower than the local and national average.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice is rated as inadequate for providing safe, effective and well led services and good for caring and responsive services. The issues identified impact on the care provided to this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, people with a learning disability and those receiving end of life care. These patients were able to access same day appointments when needed.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability; however we saw that these patients were not routinely invited for an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. However, we saw that communication with other care professionals and secondary care services was not effectively monitored.
- The practice had information available for vulnerable patients about how to access various support services.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice is rated as inadequate for providing safe, effective and well led services and good for caring and responsive services. The issues identified impact on the care provided to this population group.

- Performance for mental health related indicators overall was higher than the national average. For example 100% of patients with a serious mental illness had a comprehensive care plan in place. This was 9% higher than the local average and 11% higher than the national average.

Inadequate



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had not received any training in supporting patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing higher than local and national averages for the majority of responses. Survey forms were distributed to 349 patients and 82 were returned. This represented a completion rate of 23% and comprised 3% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the local average of 75% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 86% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.

- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and the national average of 78%.

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

The provider gathered data each month from the Friends and Family Test but had not formally reviewed the responses or drafted an action plan. Evidence shown to us confirmed that most of the patients who responded said they would recommend this practice to others, however there was also a small number of poor responses.

Dr Hafiz Rehman

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a second CQC inspector and a GP specialist adviser.

Background to Dr Hafiz Rehman

Dr Hafiz Rehman (Thornton lodge Surgery, 60 Thornton lodge Road, Huddersfield, HD1 3SB), provides services for 2,425 patients. The surgery is situated within the Greater Huddersfield Clinical Commissioning Group and provides primary medical services under the terms of a personal medical services (PMS) contract.

Services are provided from a purpose built and accessible building which is owned by the provider. The practice, located in a densely populated urban area experiences higher levels of deprivation and the population is mainly South Asian.

Dr Hafiz Rehman is registered as a sole provider. Dr Rehman attends the practice two days a week and undertakes the equivalent of four clinical sessions. Locum cover is provided for the remainder of the week with a long term locum offering four sessions a week and other locums providing additional cover as required.

The practice has a part time advanced nurse practitioner, a health care assistant and a part time practice manager. The provider also employs a team of part time reception staff and a cleaner.

The practice is open Monday, Wednesday and Friday from 9am to 6.30pm, Tuesday from 9am until 7.30pm and 9am

to 1pm on Thursday. A neighbouring provider provides cover for urgent matters on a Thursday afternoon. A later clinic is offered on Tuesday until 7.30pm for patients unable to access appointments during the usual working day. Out of hours treatment is provided by Local Care Direct, which can be accessed by calling the surgery telephone number or contacting the NHS111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 January 2017 and followed this up with a second visit on 1 February. The Advanced Nurse Practitioner was interviewed by telephone on 8 February 2017. During our visit we:

- Spoke with a range of staff including GPs, the nurse, receptionists and the practice manager.
- Observed how patients were greeted on arrival at the surgery and also when phoning for an appointment.

Detailed findings

- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. Staff were open and apologised to patients, however, some senior staff we spoke with were unaware of the regulation relating to duty of candour and a clear policy on this requirement had not been developed by the provider.

At our previous inspection in December 2015, we told the practice that further analysis of significant events would be beneficial for the provider. However, we saw at our most recent inspection this had not been progressed by the provider. Since our last inspection, the provider had recorded two significant events. Whilst an initial analysis had been undertaken, a date for review had not been set with either incident. A clinical error had been responded to with a written apology. In our conversations with staff, we confirmed that following the clinical error, no retrospective checks or audits had been undertaken. In a second incident; emergency treatment was administered to a patient through an alternative method as the appropriate equipment could not be located. We did not see evidence to show that these incidents had been fully discussed in practice meetings and that effective learning or changes to procedures had been identified as a result to reduce the likelihood of a reoccurrence.

Overview of safety systems and processes

The practice had a number of clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. There was a monthly safeguarding meeting with the health visitor and a communication book held in reception for ongoing liaison with the health visitor. However, the communication book was not effectively monitored by

the practice to assure themselves that matters had been followed-up and effectively dealt with. During the inspection, we saw that a locum who attended the practice had not been enabled to access safeguarding alerts on the computer system and would have been unaware of any historic safeguarding concerns during a consultation. The practice addressed this issue following the inspection by altering the access settings on their system. We saw that several children who had a safeguarding alert on their medical record had not been followed up by the practice after a missed appointment.

- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding awareness and most had received training on safeguarding children and vulnerable adults relevant to their role. The GP safeguarding lead, who was present in the practice for two days a week, was trained to level three in child protection. However, the clinician who provided cover and acted as deputy was only trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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. There were cleaning schedules, however, monitoring systems were informal and there was no log of cleaning undertaken.
- The practice manager was the infection prevention and control (IPC) clinical lead. The lead had not had a training update for more than two years. There was an IPC protocol and other staff had received up to date refresher training. Annual IPC audits were undertaken; however these were limited in scope. We saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not managed in a consistently safe way and posed risks to patient safety.

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions. However we saw several instances where PGDs were being used without the correct authorisation or were past their review date.
- Vaccines were stored in an unlocked refrigerator in a room which was accessible to the public. The power supply to the vaccine refrigerator was not hard wired, or labelled to minimise the risk of accidental loss of power, which did not adhere with recommended guidance. Vaccine stocks were replenished following visual checks. Vaccines were occasionally loaned to a nearby practice, and no documented records or checks of stock control were maintained.
- There were emergency medicines available. However during our inspection we saw that some of these medicines were out of date.

We reviewed four personnel files and found that in most cases, appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, there were examples where references had not been sought and we saw that one clinician did not have medical indemnity insurance cover for the number of clinical sessions they carried out.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available. Although some risks to patients were assessed, they were limited in scope. For example, a health and safety assessment of the premises had not been carried out. We saw that an electrical system check had not been undertaken in the previous five years.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment, with the exception of the defibrillator, was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. However, a reduction in hours meant that the nurse and health care assistant no longer had any shared duty time at the practice. This resulted in less effective communication and limited opportunities for clinical supervision and support.

Arrangements to deal with emergencies and major incidents

The practice had limited arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However, we found two examples of emergency medicines that had expired for use.
- The practice had a defibrillator available on the premises. However, no battery or maintenance checks had been undertaken on the defibrillator during the past year. We undertook a battery check during the inspection and saw that the equipment appeared to be fit for use. A first aid kit and accident book were available.

Are services safe?

- The provider did not have oxygen on the premises. Following the inspection, the provider placed an order for an emergency oxygen supply and sent us evidence to confirm this.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. However, the practice did not have an effective system for ensuring that medicine alerts and updates had been seen or actioned. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent results showed the practice had achieved 83% of the total number of points available. This was 8% lower than the local and national average. The clinical exception rate for this provider was 5%, which was 4% lower than the local average and 5% lower than the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

Data from 2015-16 showed:

- Overall performance for diabetes related indicators was significantly lower than comparable practices achieving 52% of available QOF points. This was 36% below the local average and 38% below the national average. We saw that 40% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that diabetes for these patients was being well controlled. However this was 25% lower than the local average and 22% lower than the national average. In addition, 75% of newly diagnosed diabetic patients were referred to an education programme following diagnosis. This was 14% lower than the local average and 21% below the national average.

- Performance for mental health related indicators overall was in line with the local and national average, and was the same as the local and national average. There were areas of high performance; for example, 100% of patients with a serious mental illness had a comprehensive care plan in place. This was 9% higher than the local average and 11% higher than the national average.
- Performance for lung disease related indicators overall was 91% of available QOF points. This was 4% lower than the local average and 5% lower than the national average. However, 90% of patients, newly diagnosed with chronic lung disease, had received an assessment of their lung capacity within 12 months of diagnosis. This was the same as the local and national average.

A clinical audit had been undertaken in 2015, and we saw evidence that improvements to care had been implemented as a result. However, there had not been any clinical audit activity initiated in the last year. The practice had identified that antibiotic prescribing had risen in the last year, and attributed this to an increased use of locum doctors. The provider has compared their performance with other practices across the area, however a strategy to address this had not yet been developed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety confidentiality. However, we saw that staff had not received any health and safety training and that some staff were overdue infection prevention training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring and support for revalidating GPs. All staff had received an appraisal within the last 12 months. However, not all staff had regular face to face clinical supervision and we did not see written evidence to support that clinical supervision was ongoing.

- Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care plans, medical records and investigation and test results. We saw that all test results were returned to the clinician who requested them. This could lead to delay in action being taken in response to the result where clinical staff worked on a part time basis.
- The practice shared relevant information with other services in a timely way, most of the time, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. However, we saw evidence of delays in responses to information from secondary care services. For example a letter discharging a vulnerable patient from a service due to non-attendance was not acted on by the provider for two months. In addition, a communication book between the provider and the health visitor was not effectively monitored to ensure issues had been acted upon.

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. However, we saw that consent for non-therapeutic circumcision services did not routinely seek the written consent of both parents, in line with best practice guidelines.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored and we saw evidence supporting this.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition. Patients were signposted to the relevant service. Advice on weight loss and smoking cessation was provided by the advanced nurse practitioner.

The practice's uptake for the cervical screening programme was 80%, which was lower than the CCG average of 85% and similar to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and they ensured a female sample taker was available. The practice also invited its patients to attend national screening programmes for bowel and breast cancer screening. Rates of bowel screening were 45%, which was lower than the local average of 64% and the national average of 59%. Rates of breast cancer screening were 57%, which was also lower than the local and national average of 73%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. However, the management of this system was not effectively linked to the practice computer system.

Childhood immunisation rates were above the 90% national expected coverage levels for vaccinations, in three of the four sub-indicators. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 74% to 100% (national averages ranged from 88% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 6 patients as carers, which was less than 0.2% of the practice list. Written information was available to direct carers to the various avenues of support available to them. However, the practice told us that there was no formal strategy to engage with carers or increase the provider's understanding of the needs of this group.

Staff told us that if families had suffered bereavement, their usual GP contacted them and would often attend the family home promptly in respect of cultural sensitivity. There was information on bereavement support available at the provider.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday evening until 7.30pm for patients who could not attend during normal opening hours.
- The practice did not open until 9am and closed for a half day each Thursday. However, patients who wanted to be seen quickly were able to access on the day appointments or request a call back from a clinician by telephone.
- The majority of staff spoke several languages and were able to assist patients with accessing care and also understanding correspondence.
- There were longer appointments available for patients with a learning disability or complex conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- A non-therapeutic circumcision clinic was available for babies by appointment.

Access to the service

The practice is open Monday, Wednesday and Friday from 9am to 6.30pm, Tuesday from 9am until 7.30pm and 9am to 1pm on Thursday. A later clinic is offered on Tuesday until 7.30pm for patients unable to access appointments during the usual working day. Appointments were offered at both morning and afternoon sessions. Extended hours appointments were offered 6.30pm to 7.30pm on Tuesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 93% of patients were satisfied with the practice's opening hours compared with the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 85% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the national average of 85%.
- 94% of patients said their last appointment was convenient compared with the national average of 92%.
- 89% of patients described their experience of making an appointment as good compared with the national average of 73%.
- 48% of patients said they don't normally have to wait too long to be seen compared with the national average of 58%.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Reception staff used a 'common sense' approach in triaging calls and visits by patients seeking treatment. However, there was no written protocol to direct their decision making and reception staff could not confirm any formal training or supervision had taken place to support this role.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England; however it was not consistently implemented.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at one complaint received in the last 12 months and found that although an apology was offered, it did not alert the complainant of their right to refer the matter to the Health and Parliamentary Ombudsman. We saw that

Are services responsive to people's needs? (for example, to feedback?)

verbal complaints were also not consistently recorded within the practice. Complaints were discussed and noted on practice meeting minutes, however, there was no evidence to confirm effective learning and reflection.

Are services well-led?

Inadequate 

(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 aspiration to deliver high quality care and promote good outcomes for patients. However, there was no clear vision, written strategy or business plan to support the delivery of this aim.

Governance arrangements

The practice had a governance framework which supported the delivery good quality care. There were, however a number of areas where governance was less effective.

- Communication and supervision between clinicians was 'ad hoc' and managed through tasks rather than formal processes. There was a lack of consistent leadership from the lead GP due to a physical absence from the practice for three days each week.
- Practice specific policies were absent, incomplete and a number were overdue for review.
- There was insufficient risk assessment activity across the practice and an electrical safety check had not been completed in the preceding five years.
- Not all staff had received the appropriate level of training in health and safety or IPC.
- The management of medicines within the practice in regard to refrigerator safety, stock control and administration of Patient Group Directions (PGDs) was poorly controlled.
- An understanding of the performance of the practice was inconsistent.
- The process for triaging patients by receptionists was not underpinned by a written protocol.
- Test results were returned to the clinician who requested them. This could lead to delay in action being taken in response to the result where clinical staff worked on a part time
- We did not see evidence that learning from significant events and complaints was shared amongst staff.

Leadership and culture

During the inspection, the lead GP described their aspiration to provide high quality care. The practice team

was evidently caring and were led by a compassionate and experienced clinician with a wide range of experience. The staff team were committed, loyal and kind in their treatment of patients.

However, we saw that there were shortfalls in the provision of effective governance systems and awareness of processes. For example, in the development of a procedure to meet the requirements of duty of candour.

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- However, the practice did not keep written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held clinical and team meetings, however these were relatively infrequent and occurred 2-3 months apart. The majority of communication within the practice was informal. Minutes of meetings were limited in scope. Minutes of meetings with the health visitor were not taken and the practice used a communication book with the health visitor that was not effectively managed to assure the provider that issues raised were acted upon.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view, however they were also limited in scope and did not demonstrate progress against issues of discussion.
- Staff said they felt respected, valued and supported, however a reduction in working hours amongst key staff had caused anxiety.

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

The practice told us they invited feedback from patients and staff; however we did not see evidence to support any action planning as a result of feedback.

- There was no patient group or survey activity at the practice.

Are services well-led?

Inadequate 

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

- The NHS Friends and Family test and complaints were used to informally record patient views, but were not effectively cascaded across the provider or used to implement learning or improvements to the patient experience.
- Staff told us that they were able to discuss any concerns with the management team and the lead GP. Staff

described a friendly and supportive team; however, a reduction of staff hours had increased pressure on day to day management and less time for reflection and service improvement ideas.

Continuous improvement

During the inspection we did not see any evidence to support continuous improvement across the provider.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>The registered person did not properly maintain the premises as an electrical system check of the premises had not been completed within the last five years.</p> <p>This was in breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services 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>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was because:</p> <p>Medicines were not safely managed across the practice. This included inadequate monitoring of vaccine stocks, inadequate safeguards to the power supply for the medicines fridge, security of medicines in an unlocked fridge, expired emergency medicines and a lack of authorisation and review for administration of certain medicines that require this.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have systems in place to ensure that adequate governance and monitoring systems were in place. This was because:</p> <p>Effective learning from significant events was absent.</p> <p>Policies were absent, overdue for review and/or contained incorrect information.</p> <p>Emergency equipment was not checked.</p>

This section is primarily information for the provider

Enforcement actions

Recruitment checks were not consistently applied and adequate indemnity cover was not in place for all clinical staff.

Mandatory training for staff was inconsistent.

The system of recording minutes and frequency of meetings was not effective.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.