

Dr Momosir Ali

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Dr Momosir Ali on 22nd February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety. The practice had a system in place to report significant events. Staff understood and fulfilled their responsibilities to raise concerns. However there was no formal system to discuss and share findings with the team which limited learning from all events.
- Some aspects of managing safety needed further review. The systems in place for monitoring prescription pads needed to be reviewed to show a clear audit trail of how they were stored and issued. Patient group directives had not been signed by the lead clinicians and have their clinical overview.
- The practice did not have oxygen available to use in emergencies. There was no risk assessment in place to support this decision.
- Staff files lacked evidence of necessary recruitment checks.
- Some records for patient referrals to other services had been completed by hand. This increased the risk of errors in passing on relevant information for referrals.
- Risks to patients were assessed and well managed to safeguard vulnerable patients. However some staff needed training in safeguarding, relevant to their role.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However some staff needed updated training such as: health and safety, fire safety, infection control and the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards (DoLS.) Staff retention at the practice was good offering stability and continuity of care to patients.

Summary of findings

- Patients were positive about the practice and the staff team. They said they were treated with dignity and respect and felt involved in decisions about their treatment.
- Information about services and how to complain was available but patients had to ask for this information from reception. Verbal concerns were not documented and reviewed in line with the complaints procedure.
- Patients were positive about accessing appointments with a named GP and continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The management of health and safety within the building was well managed by the practice.
- Staff felt supported by management.

The areas where the provider must make improvement are:

- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held.

- Ensure updated training is provided for all staff including: health and safety, fire safety, infection control, safeguarding and the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards (DoLs.)
- Review access and availability of the complaints procedure and review ways of capturing verbal complaints and suggestions from patients.

The areas where the provider should make improvement are:

- Ensure all significant events are formally reviewed and shared with staff to promote learning.
- Review the auditing system for storage of blank prescription pads and the clinical overview of the PGD's.
- Review with all staff how children at risk are monitored within the practice.

Letter from the Chief Inspector of General Practice

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting and recording significant events. However, not all events had been formally reviewed and shared with staff.
- The practice had defined systems in place to keep patients safe and safeguarded from abuse. However some staff needed updated training for safeguarding.
- Some aspects of managing safety needed further review including; the monitoring of prescription pads; risk assessments in place for not having oxygen for medical emergencies; training in place for staff covering risks to health and safety.
- Staff files needed further review as they did not all have the required checks in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with 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. Staff had displayed information to help sign post patients to various services and support organisations. They had 47 patients registered as carers.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met patients' needs.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were able to make an appointment with a named GP and there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available to patients on request, as it was not freely available in patient waiting areas.

Good



Are services well-led?

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in putting their patients first.
- There was a leadership structure and staff felt supported by management.
- There was a governance framework which supported the delivery of good quality care although it needed reviewing with staff to clarify staff roles in regard to training, safeguarding and significant events.
- The doctors encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff, 'Friends and Family' tests and the patient participation group (PPG.)
- There was a focus on learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over 75 years had a named GP. Dementia assessments were carried out in house.
- Health checks were provided for patients over 75 years and referrals made to any necessary services. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified military veterans and arranged longer appointments for them.

People with long term conditions

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

Good



- Staff had lead roles in chronic disease management. The practice kept up to date registers of patients' health conditions and arranged regular reviews around each patient's birth date.
- Longer appointments and home visits were available when needed.
- For those patients with complex needs, the staff worked with Macmillan nurses to deliver a package of multidisciplinary care.
- The practice had identified patients who were at risk of unplanned hospital admissions and supported these patients to stay well at home.

Families, children and young people

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

Good



- The lead GP provided prompt involvement with safeguarding case reviews and with requests for information. Staff worked closely with health visitors.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was comparable with national data.
- The premises were suitable for children and babies and the practice

Summary of findings

- The practice had in-house post-natal clinics, 6-8 week baby checks and weekly children's immunisation clinics. Any child not attending appointments were followed up by the practice staff.
- Children were given same day appointments if needed.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and offered continuity of care. The practice had introduced access to telephone consultations each day and extended appointment times over lunch time.
- The practice was proactive in offering online services such as booking appointments and ordering prescriptions.
- Health checks and health education were offered to patients between 40-74 years of age to promote patient well-being and address any health concerns.

Good



People whose circumstances may make them vulnerable

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

- The practice supported patients living in circumstances that could make them vulnerable including patients who were homeless.
- Annual health checks were provided for patients with learning disabilities and extended appointment times were offered.
- The practice informed vulnerable patients about how to access various support groups and supported patients with food bank vouchers when needed.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and how to contact relevant agencies in normal working hours and out of hours.
- Staff used translation services to assist patients who did not have English as their first language. Deafness and hard of hearing patients were offered the services of an interpreter service via the deafness resource centre.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 95.24% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average. They had identified 18 patients with dementia.
- The practice had supported patients experiencing poor mental health offering guidance on how to access various support groups including bereavement counselling. They also offered in-house wellbeing nurse appointments.
- Most staff demonstrated a good understanding of issues around patient consent. However not all staff had received updated training in the Mental Capacity Act 2005.

Good



Summary of findings

What people who use the service say

The GP national patient survey results published on 2 July 2015 showed the practice performance was comparable with, and sometimes higher, when compared with local and national averages. 331 survey forms were distributed and 115 were returned. This represented a 34.75 % response rate. The views expressed by patients represented those of 5% of the practice's patient list.

- 82.8% found it easy to get through to this surgery by phone compared to a CCG average of 68.2% and a national average of 73.3%.
- 96% say the last appointment they got was convenient compared to a CCG average of 92.4% and a national average of 91.8%.
- 94.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.4%, national average 85.2%).
- 90.6% described the overall experience of their GP surgery as fairly good or very good (CCG average 84.2%, national average 84.8%).
- 79.2% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75.9%, national average 77.5%).

Areas for improvement

Action the service **MUST** take to improve

- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held.
- Ensure updated training is provided for all staff including: health and safety, fire safety, infection control, safeguarding and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS.)

- Review access and availability of the complaints procedure and review ways of capturing verbal complaints and suggestions from patients

Action the service **SHOULD** take to improve

- Ensure all significant events are formally reviewed and shared with staff to promote learning.
- Review the auditing system for storage of blank prescription pads and the clinical overview of the PGD's.
- Review with all staff how children at risk are monitored within the practice.

Dr Momosir Ali

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Momosir Ali

Dr Momosir Ali is based in a purpose built facility in a residential area of St Helens close to local amenities. The practice is based in a more deprived area when compared to other practices nationally. The male life expectancy for the area is 75 years compared with the CCG averages of 78 years and the national average of 79 years. The female life expectancy for the area is 80 years compared with the CCG averages of 82 years and the national average of 83 years. There were 2600 patients on the practice list at the time of inspection.

The practice has one male GP who is the sole provider and one male salaried GP. The practice has one practice nurse, a health care assistant, a practice manager, reception and administration staff.

The practice is open Monday, Tuesday, Wednesday and Friday from 8.30am-1pm and from 2pm-6pm in the afternoon. On Thursday the practice is open from 8.30am-1pm. Extended appointments were available Monday to Wednesday 12pm to 12.30pm. Patients requiring GP services outside of normal working hours are referred on to the St Helens Rota who are the local out of hour's provider.

The practice is not registered for surgical procedures. There was a difference of opinion amongst the staff team whether

they needed this registered activity as they planned to organise training and specific procedures in the near future. It is the provider's responsibility to ensure they have the correct registered activities applicable to their practice.

The practice has a General Medical Services (GMS) contract. In addition the practice carried out enhanced services such as health assessments for patients with learning disabilities.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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 22 February 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager, administration and reception staff and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would report all incidents. Records for significant events were well documented. Staff acknowledged they needed to formally review their significant events and share them with the wider team. Some of the staff team that we spoke with were not aware of some recent significant events. Actions had been taken after a previous incident which resulted in the practice reviewing all telephone consultations and they used a recording system to help them manage these calls.

Overview of safety systems and processes

The practice had systems in place to keep patients safe although some aspects of safety needed further review to improve the management of risks.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The lead GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. However some staff lacked clarity in how children at risk were reviewed within the practice. Not all staff had received updated safeguarding training relevant to their role.
- 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 check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

staff had received up to date training. External infection control audits were undertaken and the practice had achieved 96% in its latest audit. We noted some staff had not received updated training for infection control.

- The arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. They had been signed by the nurse and the practice manager but they had not been signed by the GP's.
- Prescription pads did not have an audit trail to show how many prescription pads had been signed out to staff, although staff said they were hardly ever used. The systems in place for monitoring prescription pads needed to be reviewed to show a clear audit trail of how they were stored and issued.
- We reviewed four personnel files and found that some of the files did not have appropriate recruitment checks undertaken prior to employment. For example, some of the files lacked evidence of medical questionnaires and no evidence of interview notes. Two files had just one reference in place.
- 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.

Some records for patient referrals to other services had been completed by hand. This presented a risk of errors in passing on relevant information for referrals. Staff acknowledged this and advised this would be reviewed.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella

Are services safe?

(Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There were gaps in necessary training for staff for example, health and safety and fire safety.

- Arrangements were in place for planning and monitoring the number 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers which alerted staff to any emergency.

- All staff received annual basic life support training.
- The practice did not have oxygen available to use in emergencies. There was no risk assessment in place to support the decision not to have oxygen available for use. There was no information to guide staff on any alternative arrangements in the event of an emergency.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place 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 had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 93.7% of the total number of points available.

The staff had been proactive in the call and recall of patients 40-74 to undertake health checks. A number of patients were diagnosed with health conditions as result of the health checks which resulted in a letter from Public Health congratulating the practice on their outcomes and positive work with patients.

Data from 2014-2015 showed that outcomes were comparable and sometimes above other practices nationally:

- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months (was better than the national average. The practice rate was 92.21% compared with the national rate of 88.3%.
- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy, was better than the national average. The practice rate was 100% compared with the national rate of 98.36%.
- Performance for mental health related indicators was comparable with national averages. For example; the percentage of patients with physical and/or mental health conditions whose notes recorded their smoking status in the preceding 12 months was 93.16% compared with the national average of 94.1%.

Clinical audits demonstrated quality improvement.

- The CCG medicines management teams had worked with the practice to produce a number of clinical audits. Findings were used by the practice to improve services.
- The GPs had carried out a completed audit for hypertension. The practice produced a protocol on testing for hypertension, based on NICE guidance and a flow chart to help as an aid memoire promoting consistency in clinicians approach. Their re audit and results were discussed in practice meetings and they identified a more consistent approach in their management of patients with hypertension.

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. It covered various topics such as: safeguarding and infection prevention.
- The GPs and nurses had key roles in monitoring and improving outcomes for patients. The clinical staff we spoke with told us they kept their training up to date in their specialist areas for example, the management of long term conditions, safeguarding and mental health. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff were happy with the training available and topics included, for example: customer care and equality and diversity. However we noted some gaps in training for a few staff who needed updated training in the Mental Capacity Act 2005 and DoLs (deprivation of liberty safeguards). One staff member had not received an appraisal for two years.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs. This included when patients moved between services when they were referred, or after they were discharged from hospital.
- **Consent to care and treatment**

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

- Most staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However not all staff were fully aware of deprivation of liberty safeguards (DoLS) and were in need of this training.

Supporting patients to live healthier lives

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. Patients were then signposted to the relevant service.

The practice offered all new patients registering with the practice a health check with the practice nurse. The GP was informed of any health concerns detected and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this.

The practice monitored how it performed in relation to health promotion. It used the information from QOF and other sources to identify where improvements were needed and to take action. QOF information for the period between 2014 to 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally.

The practice's uptake for the cervical screening programme was 82.86% which was comparable to the national average of 81.83%. Staff sent out reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.3% to 100%. The CCG averages ranged from 91.5% to 96.7%.

The percentage of patients with diabetes on the register, who had received an influenza immunisation in the preceding August to March was comparable with the national average. The practice rate was 92.05% compared with the national average of 94.45%.

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 and checks were made, where abnormalities or risk factors were identified.

The practice offered various services including: blood pressure 24 hour monitoring, holiday vaccinations, joint injections and anticoagulation support.

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. Patients were positive about the service and told us they always received a good service from the staff at the practice.

- 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 33 Care Quality Commission comment cards completed by patients were positive about the service they received. Patient feedback about GPs, nurses and reception staff within the comments cards was positive. We spoke with the sole member of the patient participation group (PPG) and two patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Some staff had worked at the practice for many years and knew their patients well. Patients told us that they and their families had been with the practice for many years and felt the standard of service was very good.

Data from the National GP Patient Survey published in July 2015 showed that patients' responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were in line with or above average when compared to local and national averages. For example:

- 91.8% said their GP was good at listening to them compared to the CCG average of 89.3% and national average of 88.6%.
- 90.2% said their GP gave them enough time (CCG average 89.2%, national average 86.6%).
- 95.9% said they had confidence and trust in the last GP they saw (CCG average 95.9%, national average 95.2%).

- 92.4% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.5%, national average 90.4%).
- 91.4% said they found the receptionists at the practice helpful (CCG average 85.8%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

On the day of the inspection patients told us they felt involved in decision making about the care and treatment they received. They told us they did not feel rushed during their appointment and they always felt the doctors and nurses listened to them during consultations. Patient feedback on the comment cards we received was also positive about how involved they were with their treatment.

Results from the GP national patient survey showed patients satisfaction was comparable with local and national averages. For example:

- 88.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.5% and national average of 86.0%.
- 85.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 83.1%, national average 81.4%).
- 91.7% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91.5% and national average of 89.6%.

Staff told us that 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

Notices in the patient waiting room told patients how to access a number of support groups and organisations including carers groups. The PPG member was also a member of a local carers group.

The practice had identified 47 patients at the practice who were carers and the computer system alerted staff to this. Written information was available for carers to ensure they understood the various avenues of support available to them.

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. For example;

- There were longer appointments available for patients with a learning disability and long term conditions.
- Home visits were available for older patients and housebound patients who would benefit from these.
- The practice offered regular follow ups to identify long term conditions early and improve patient care.
- Same day appointments were available for those with serious medical conditions.
- The practice supported patients from a local woman's refuge and a halfway house for patients experiencing drug and alcohol problems. They provide confidential support.
- The building was purpose built, had disabled facilities and translation services available.
- The practice had various notice boards which included: PPG information, Friends and Family test results, carers' information, health promotion material and the contact details for various support organisations.

Access to the service

The practice is open Monday, Tuesday, Wednesday and Friday from 8.30am-1pm and from 2pm-6pm in the afternoon. The practice is open 8.30am-1pm on Thursday. Extended appointments were available Monday to Wednesday 12pm to 12.30pm. Staff told us this was in response to older patient requests who wanted more access to late morning, mid-afternoon appointments. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them and telephone consultations.

Results from the National GP Patient Survey published in July 2015 showed that patient satisfaction with how they could access care and treatment was comparable with local and national averages.

- 77.1% of patients were satisfied with the practice's opening hours compared to the (CCG average of 74.3% and national average of 74.9%).

- 94.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.4%, national average 85.2%).
- 77.5% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 60.0%).
- 82.8% patients said they could get through easily to the surgery by phone (CCG average 68.2% national average 73.3%).
- 34% usually wait more than 15 minutes after their appointment time to be seen compared with the (CCG average 28.1%, national average 27.1%).
- Patients told us that they could usually access appointments when they needed them. However one patient responded on the CQC comment card that they had to wait over an hour for their appointment recently when they attended the practice. Staff acknowledged that sometimes, delays and extended waiting times for patients were unavoidable, if the doctors' appointments ran over on occasions.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information on how to complain was not available in the reception area, but was provided on request. Reception staff had access to patient leaflets with advice on how to make a complaint. There had been no recorded complaints over the last 12 months. The practice manager had recorded three verbal comments/concerns raised by patients. However, these were recorded within each patient's medical notes, rather than on the practice complaints register. These records did not have information to show how they had been reviewed as per a protocol or complaints procedure. The practice staff had not always recorded verbal complaints. They told us at times patients were unhappy waiting long periods of time for their appointments. Staff told us they referred patients to the practice manager. One patient told us they were

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

unaware of how to make a complaint. Records to capture verbal complaints should be in place and should be reviewed in line with procedures for managing written complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

Staff we spoke with were clear about their commitment to provide patients with excellent quality care and that their patients came first. Staff were clear that they offered traditional values to their patients, from a team of staff covering several generations.

Governance arrangements

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

- There was a staffing structure and staff were aware of their own roles and responsibilities. However there was a lack of clarity in the overview and monitoring of significant events, safeguarding, and training. These areas would benefit from a full review. Procedures should be in place for sharing information with staff in these areas.
- Practice specific policies were implemented and were available to all staff.
- The management team had a comprehensive understanding of the performance of the practice and met informally to review practice performance and patient outcomes.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, although staff acknowledged they hadn't always been aware of all of the audits.

Leadership and culture

The lead GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that both GP's were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

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

- Staff told us there was an open culture within the practice and how they had the opportunity to raise any issues, felt confident in doing so and felt supported if they did.

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

The practice encouraged and valued feedback from staff. It proactively sought patients' feedback using the 'Friends and Family' test and their patient participation group (PPG.)

- The practice had just one member within their PPG group who met with the practice team throughout the year. They had tried to encourage more members and were in the process of developing their website to encourage access to a 'virtual patient group.' They had also set up a social media page to help engage with their patients.
- Staff told us the practice held regular team meetings and they had various informal communications within the staff team.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December. The practice had published their results on a large visual poster in reception which was easy to see and understand. Their results were very positive and contained lots of positive quotes made by patients. However it wasn't clear what date and year the results referred to and needed to be updated to ensure patients were receiving the most up to date information.

Continuous improvement

There was a focus on learning and improvement at all levels within the practice. Staff told us they felt well supported and we could see the staff engaged with training within the CCG and events managed for practice nurses via their primary care forums. Training records needed to be reviewed to provide evidence of updated training necessary for each staff member's role. The staff team were multi skilled and respected their practice manager who often worked to cover their roles during periods of holidays and staff absence.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Regulation 19(1)(a)(b)(2)(3)(a) Fit and proper person employed Some staff files lacked evidence of necessary checks required to show safe recruitment and selection procedures. Some files had no evidence of medical questionnaires and some files had just one reference in place.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Regulation 18 (1)(2) Staffing There were gaps in the overall training supplied to staff, including topics such as: health and safety, fire safety, infection control, safeguarding and the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards (DoLS.)
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How the regulation was not being met: Regulation 17 Receiving and acting on complaints. Information on how to complain was not available in the reception area. The practice manager had recorded three verbal comments/concerns raised by patients. However, these were recorded within each patient's medical notes, rather than on the practice complaints register. These

This section is primarily information for the provider

Requirement notices

records did not have information to show how they had been reviewed as per a protocol or complaints procedure. The practice staff had not always recorded verbal complaints.