Drs. SS & MM Baig

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs SS & MM Baig on 8 March 2016. Overall the practice is rated as requires improvement.

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

- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. This included recruitment, checking of electrical equipment, fire risk assessments and fire safety arrangements.
- Although some audits had been carried out, they were not two cycle completed audits and so the practice could not demonstrate that audits were driving improvements to patient outcomes.
- The practice did not have a formal induction programme for newly appointed staff and could not adequately demonstrate how new members of staff were familiarised with practice policies and procedures.
- Some policies and procedures used to govern activity were generic and had not been customised to the practice's needs.
- There were gaps in staff training including infection control and information governance.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all consulting rooms had privacy curtains and some patients had concerns about privacy at reception.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses, for instance when temperature readings for the fridge used to store vaccines were outside of the normal range.
- The practice's uptake for the breast cancer, bowel cancer and cervical screening programmes were above local and national averages.
- Patients could book appointments and request repeat prescriptions online.

The areas where the provider must make improvements are:

- Ensure electrical appliance safety checks are undertaken.

Summary of findings

- Undertake actions to mitigate the risks associated with fire, including ensuring the fire alarm system is fully operational, fire extinguishers are serviced at suitable intervals and regular fire evacuation drills are carried out.
- Put in place an infection prevention and control protocol and ensure that all staff are provided with infection prevention and control training.
- Implement a programme of quality improvement initiatives to improve patient outcomes.
- Ensure that staff have access to practice specific policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Put systems in place to ensure the practice identifies mandatory training requirements for staff and ensures that suitable training is delivered.
- Ensure recruitment arrangements include all necessary employment checks for staff, for example proof of identity and references.

In addition the provider should:

- Ensure there is an effective system to track blank prescriptions through the practice in line with national guidance.
- Ensure there is an effective system for checking emergency medical equipment is fit for use including regular checks of the defibrillator.
- Consider how to best ensure all staff receive appropriate induction to the practice.
- Review arrangements for supporting people with hearing impairments.
- Ensure that planned arrangements to maintain patients' privacy and dignity during examinations, investigations and treatments in all consulting rooms are carried out.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Review current arrangements for staff engagement.

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?

Requires improvement 

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

- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. For example, the fire alarm was not functioning correctly and maintenance checks on fire extinguishers were overdue.
- The practice had not undertaken required pre-employment checks for staff. For instance, identity checks had not been undertaken and not all staff had references on file.
- The practice had not undertaken checks to ensure that electrical equipment was safe to use.
- There were gaps in staff training, for example in information governance, infection control and fire safety awareness.
- The practice did not have a system in place to ensure that the defibrillator was regularly checked.
- There was an effective system in place for reporting and recording significant events

Are services effective?

Requires improvement 

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

- There was limited evidence that clinical audit was driving improvement in patient outcomes.
- The practice did not have a formal induction programme for newly appointed staff and some policies to guide staff were generic and had not been customised to meet the needs of the practice.
- Staff had received training in some areas but there were gaps. For instance, staff had received training in safeguarding and basic life support but there were no records to show that staff had been trained in information governance, infection control or fire safety.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good 

The practice is rated as good for providing caring services.

Summary of findings

- Satisfaction scores on consultations with GPs and nurses aligned with local and national averages. For instance, 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83%.
- Patients said they were treated with compassion, dignity and respect, although some patients felt the reception area lacked privacy. Some of the consulting rooms did not have privacy curtains, however the practice told us they had made plans to resolve this.
- The practice had identified 1% of the practice population as carers but did not have a process to proactively identify patients who were also carers.
- Patients told us they felt involved in decision making about the care and treatment they received. For example, 81% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average of 82%.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients could book appointments and request repeat prescriptions online.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had compiled a list of local pharmacies that stock medicines often needed by patients approaching the end of life and shared this information with patients and their carers to minimise any delays in getting prescriptions fulfilled.

Are services well-led?

Requires improvement

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

Summary of findings

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were generic and had not been reviewed or customised to suit the practice's needs.
- All staff had received had received annual appraisals but these were not always used to identify learning or development needs.
- There was an effective system in place for reporting and recording significant events and we saw evidence that lessons were shared with staff.

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

Requires improvement

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a system for contacting every patient who had recently been discharged from hospital and identified those in need of extra support.
- Care plans were produced for patients who needed them.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework data from 2014/2015 showed the practice was performing in line with CCG and national averages for indicators related to chronic disease, such as diabetes and chronic obstructive pulmonary disorder (COPD). For instance, 94% of patients with CPOD had had a breathlessness review in the past twelve months compared to the national average of 90%. The exception reporting rate for this indicator was 11% (CCG average 10%, national average 11%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

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

- The practice offered extended opening hours for appointments from Monday to Friday and patients could book appointments and request repeat prescriptions online.
- The practice offered NHS health checks for patients aged 40–74 with appropriate follow-ups for any abnormalities or risk factors identified.
- The practice offered certain travel vaccinations as required and directed patients to other services for any vaccinations not performed.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement 

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

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last twelve months, which is better than the CCG average of 86% and the national average of 84%. The exception reporting rate for this indicator was 3% (CCG average 6%, national average 8%).
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding twelve months (CCG average 92%, national average 90%). The exception reporting rate for this indicator was 10% (CCG average 8%, national average 10%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and ninety one survey forms were distributed and 124 were returned. This represented 3% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. People commented that reception staff were helpful and doctors were good at listening and caring; and there were several positive comments about the nursing service at the practice. However, some people also referred to long delays during clinics and issues around privacy in the reception area.

We spoke with 13 patients during the inspection. All 13 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some people also referred to problems with late running clinics and had concerns with a lack of privacy in the waiting area.

Drs. SS & MM Baig

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to Drs. SS & MM Baig

Drs SS & MM Baig, also known as Upminster Medical Centre provides GP primary care services to approximately 4,300 people living in Upminster, the London Borough of Havering. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

There are currently three part-time GP partners, two female and one male and one part-time salaried GP who provide a combined total of 18 sessions per week.

There are two part-time practice nurses who provide a combined total of seven sessions, a practice manager, a business manager, three administrative staff and eight receptionists. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder and injury.

The practice opening hours are 9:00am to 1.00pm on Monday to Friday and 4:00pm and 8:00pm on Mondays and alternate Fridays and 4:00pm to 7:00pm on Tuesdays, Thursdays and alternate Fridays. The practice is closed on Saturdays and Sundays. GP and nurse appointments are available between 9:00am and 1:00pm daily, 4:30pm and 6:30pm on Tuesdays, Thursdays and alternate Fridays and between 4:30pm and 8:00pm on Mondays and alternate Fridays.

The out of hours services (OOH) are provided by Partnership of East London Cooperatives (PELC). The details of the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details are also displayed outside the surgery. The practice provides a range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD) and child health care. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

Information published by Public Health England rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. This information also shows that Income Deprivation Affecting Older People (IDAOPI) is lower (8%) than the CCG average of 14% and the national average of 16%, whilst Income Deprivation Affecting Children (IDACI) is also 8% which is lower than the CCG average of 20% and national average of 20%.

The practice caters for a higher proportion of patients experiencing a long-standing health condition (59%) compared to the local average of 51% (national average 54%). Life expectancy for male and females is higher than local and national averages.

The practice provides level access to the building and is adapted to assist people with mobility problems. All treatment and consulting rooms are fully accessible.

Detailed findings

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.

The practice was inspected in September 2013 and was found to be compliant using our previous inspection methodology.

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 8 March 2016. During our visit we:

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with staff. For instance when temperature readings for the vaccine fridge were outside of the required range over the course of two days, the practice undertook a full review of its process for managing vaccines. This resulted in the procurement of a new fridge and the development of a written protocol which ensured that more than one person was trained in the management and checking of vaccines and undertook these duties when the practice nurse was not available.

Overview of safety systems and processes

We looked at the embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Practice nurses were also trained to level 3 whilst non-clinical staff members were trained to level 1.
- 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).
- A GP was the infection control clinical lead. We observed the premises to be clean and tidy but there was no formal cleaning schedule or records to demonstrate that cleaning was being carried out correctly. The practice did not have an infection control protocol in place and there was no evidence that staff had received up to date training. An infection control audit had been undertaken in October 2015 and we saw evidence that action was taken to address improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The 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. Blank prescription forms and pads were securely stored and but there was no system in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed five personnel files and found that appropriate recruitment checks had not always been

undertaken prior to employment. For example, proof of identification and references were not held on file for three members of staff, one of whom had been recruited within the past three years.

Monitoring risks to patients

We looked at how risks to patients were assessed and managed.

- The practice had undertaken a fire risk assessment in March 2016 and had started to carry out the recommended actions although not all had been completed by the time of our inspection. For example, the risk assessment had identified issues with fire doors being wedged open and trip hazards in hallways and these had been addressed. The assessment had also identified that fire extinguisher maintenance checks were overdue and the fire alarm had had a malfunction since installation in 2014. The practice had arranged appointments for suitable contractors to resolve these outstanding actions.
- The practice had not undertaken checks to ensure that electrical equipment was safe to use. Clinical equipment was checked to ensure it was working properly.
- The practice had risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

We discussed the fire risk assessment with the practice and were told that this had only taken place one week before our inspection and that plans to address the risks were still being developed. We were also told that some actions had already been followed up. For instance items that had been stored in hallways had been removed and fire doors were no longer being wedged open. The practice explained that the fire alarm had not worked since installation in 2014 and that the contractor had been contacted to inspect and repair the system.

Arrangements to deal with emergencies and major incidents

We looked at arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff had received annual basic life support training within the past twelve months. We saw evidence that training sessions had been booked for two members of staff who had received this training more than twelve months ago. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises but there was no process in place to ensure that this was regularly checked. A supply of oxygen was available and a first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a basic business continuity plan in place for major incidents such as power failure or building damage.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available compared to a CCG average of 92% and national average of 95%. They had an exception reporting rate of 10% (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). This was similar to the CCG average of 9% and national average of 9%.

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

- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes whose blood sugar levels were well controlled was 67% compared to the CCG average of 74% and the national average 78%. The percentage of patients with diabetes with a record of a foot examination was 94% (CCG average 88%, national average of 88%). The exception reporting rate for diabetes was 9% which was lower than the CCG average of 12% and national average of 11%.
- Performance for mental health related indicators was mixed compared to the national average. For instance, the percentage of patients diagnosed with dementia (37 patients) whose care had been reviewed in a face-to-face review in the preceding 12 months was 94% compared to the CCG average of 86% and the national average of 84% with a practice exception reporting rate of 3% (one patient) compared to the CCG average of 6% and national average of 8%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses (21 patients) who had a comprehensive, agreed care plan documented in the record was 74% compared to the national average of 88% with an exception reporting rate of 10% (2 patients) (CCG average 9%, national average 13%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 73% compared to the national average of 84%. The exception reporting rate for this indicator was 2% (CCG average 3%, national average 4%).
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness was 94% (CCG average 90%, national average 90%). The exception reporting rate for this indicator was 11% (CCG average 10%, national average 11%). (Chronic obstructive pulmonary disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).

There was limited evidence of quality improvement including clinical audit.

- There had been two clinical audits conducted in the last two years, however neither of these were completed audits where the improvements made were implemented and monitored. One of these was an audit of emergency admissions which involved reviewing and analysing the reasons for admissions. The practice had identified a number of admissions which were assessed as having been potentially avoidable. As a result of this audit, the practice had recommended producing a protocol to ensure that patients presenting with a fall to nurse should be referred for an appointment with a GP and have blood pressure checks and routine blood tests.

Effective staffing

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

- The practice did not have a formal induction programme for newly appointed staff. New members of

Requires improvement

Are services effective?

(for example, treatment is effective)

staff shadowed experienced colleagues to learn practice procedures. We were told that practice policies were discussed with the practice manager, however when we looked at the practice policies, we noted that some these were generic policies which had not been reviewed or adapted to meet the needs of the practice.

- Staff had received training in some areas but there were gaps. For instance, staff had received training in safeguarding and basic life support but there were no records to show that staff had been trained in information governance, infection control or fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for clinical 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. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice had a system of appraisal and all staff had received an appraisal within the last twelve months. However these were not always used to identify learning and development needs of non-clinical staff.

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, medical records and investigation and test results. We viewed three examples of patient's medical records and saw examples of care planning.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care for patients with complex needs was reviewed and patient records updated.

The practice had a system in place to identify and contact all patients recently discharged from hospital. This was used to identify those in need of extra support and work with other services to see that needs were met. We spoke with the member of staff responsible for this system and they told us that part of their role was to try to maintain contact with patients at times of particular vulnerability and those at risk of experiencing social isolation. They issued their direct-dial number to these patients and would ensure that requests for repeat prescriptions were prioritised for same day turnaround.

Consent to care and treatment

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice held a weekly smoking cessation clinic.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from The National Cancer Intelligence Network indicated that the practice's uptake rates were better than local and national averages. For instance, the rate for persons aged between 60-69, screened for bowel cancer in last 30 months was 62% (CCG average 57%, national average 58%) and the rate for females, 50-70, screened for breast cancer in last 36 months was 74% (CCG average 73%, national average 72%). There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given to twelve month olds ranged from 64% to 82% and five year olds from 64% to 85%. Comparable CCG/national averages were not available.

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

Good

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 but there were some areas where patient's dignity was not suitably protected.

- Curtains to maintain patients' privacy and dignity during examinations, investigations and treatments were not provided in two consulting rooms. The practice told us they had plans to install privacy curtains in these rooms although we did not see physical evidence of these plans.
- We spoke with three patients who told us they had concerns about privacy at reception and in the waiting area. This aligned with views expressed in two comment cards completed by patients. The practice told us they were aware of this issue and had met with the reception team to discuss ways of managing patient confidentiality. We were told that receptionists were careful not to repeat private information and would offer patients a room when they wished to discuss matter in private.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 1 member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Satisfaction scores on consultations with GPs and nurses aligned with local and national averages. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 86% of patients said the GP gave them enough time (CCG average of 82%, national average of 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average of 93%, national average of 95%).
- 81% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average of 79%, national average of 85%).
- 96% of patients said they had confidence and trust in the last nurse they saw (CCG average of 97%, national average of 97%).
- 84% of patients said they found the receptionists at the practice helpful (CCG average of 87%, national average of 87%).

Care planning and involvement in decisions about care and treatment

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

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 in line with local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average of 85%).

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

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

Good

Are services caring?

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 35 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. We were told that the process of identifying carers was undertaken opportunistically during appointments.

Staff told us the practice did not have a bereavement policy but that if families had suffered bereavement, a GP usually contacted them. This call was often followed by a patient consultation and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We looked at how the practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours on Monday and alternate Friday evenings until 8:00pm for working patients who could not attend during normal opening hours. The practice was also open until 7:00pm on Tuesday, Thursday and alternate Friday evenings
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations.
- The practice had compiled a list of local pharmacies that held stocks of medicines often needed by patients approaching the end of life. This information was shared with patients and their carers, so as to minimise any delays in getting prescriptions fulfilled.
- Patients could book appointments and request repeat prescriptions online.
- There were disabled facilities and translation services available but the practice did not have a hearing loop.

Access to the service

The practice opening hours were as follows:

- Monday

9:00am to 1:00pm and 4:00pm to 8:00pm (GP appointments from 9:00am to 1:00pm and 4:00pm to 8:00pm)

- Tuesday

9:00am to 1:00pm and 4:00pm to 6:30pm (GP appointments from 9:00am to 1:00pm and 4:00pm to 6:30pm)

- Wednesday

9:00am to 1:00pm (GP appointments from 9:00am to 1:00pm)

- Thursday

9:00am to 1:00pm and 4:00pm to 6:30pm (GP appointments from 9:00am to 1:00pm and 4:00pm to 6:30pm)

- Friday

9:00am to 1:00pm and 4:00pm to 6:30pm (GP appointments from 9:00am to 1:00pm and 4:00pm to 6:30pm)

Extended hours appointments were offered between 6:30pm and 8:00pm on Mondays and alternate Fridays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people 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.

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them.

Listening and learning from concerns and complaints

We looked at the practice's policy and procedure for handling concerns and complaints.

- The 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.
- We saw that information was available to help patients understand the complaints system and this was displayed in the waiting area and was included in the practice leaflet.

We looked at three of the six complaints received in the last 12 months and saw these had been managed in accordance with practice policy. For example, we saw one case where a patient complained that they had been

Good

Are services responsive to people's needs?

(for example, to feedback?)

wrongly removed for the practice list. The practice had investigated this and found that the patient had not actually been removed from the practice list but that a mistake had occurred in another organisation. The practice had supported the patient in correcting this mistake and had followed this up some time later to ensure that the matter had been fully resolved.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The vision and values of the practice were not well developed. When asked about the vision, some members of staff stated that they all try to do their best. There was no evidence of a written vision or mission statement on display in the waiting areas. There was no business plan evident which reflected and underpinned the vision and values of the practice.

The practice had considered succession planning. For example, the practice management told us they hoped to share responsibilities and lead roles with the newest partner; however this has not yet been finalised into a plan of action with timescales. Staff we spoke with had a limited awareness of the practice's plans for the future.

Governance arrangements

Governance arrangements did not always operate effectively.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- There was an effective system in place for reporting and recording significant events and we saw evidence that lessons were shared with staff.
- There had been no recent review of the governance arrangements, strategy, plans or the information used to monitor performance.
- The practice had a range of policies in place but some of these were not practice specific and the practice could not demonstrate that these had been reviewed, were accessible to staff or that staff were aware of the practice policies or where they were held. For example, we saw policies on repeat prescriptions and medicines management but these were in draft form.
- There was some evidence of clinical audits being undertaken but there was no clear evidence that these were intended to be repeated or used to monitor quality or to make improvements.
- The practice had some arrangements for identifying, recording and managing risks; however we did not see evidence of a consistent approach to risk management which ensured patients, staff and others were protected against harm and this included risks associated with fire and infection.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place; however some staff told us that communication channels within the practice could sometimes feel too formal and this had inhibited them from providing feedback and suggestions for improvement.

Staff told us the practice held practice meetings but these were infrequent.

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

The practice valued feedback from patients and the public. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through complaints received. The PPG had not managed to meet regularly, but had submitted proposals for improvements to the practice management team. For example, the practice had agreed to the PPG's suggestion that the practice should participate in the electronic prescription service because it was inconvenient for some patients to attend the surgery in person.
- The practice had gathered feedback from staff through annual appraisals and practice meetings.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 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. They had failed to assess risk by not carrying out electrical appliance safety checks. The registered person had failed to ensure that the fire alarm was operational, that fire extinguishers were fit for use and had failed to undertake fire evacuation drills. The registered person had failed to put measures in place to manage risks associated with infection and had not provided staff with suitable infection prevention and control training. This was in breach of regulation 12(1) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person did not carry out regular audits of the services provided including clinical audits to assess, monitor and improve the quality and safety of services.

This section is primarily information for the provider

Requirement notices

The registered person had failed to ensure all policies and procedures to govern activity were reviewed and up-to-date and that staff had access to such policies

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The registered person had not ensured that non-clinical staff had received training to ensure they had the knowledge and skills to undertake their role for example, fire safety and information governance. This was in breach of regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered person had not ensured that appropriate pre-employment checks were carried out to ensure the safe and effective recruitment of staff.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 19 (1)(a)(b), (2)(a), (3)(a)(b) and (4)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014