

Dr Khalid Patel

Quality Report

595 Green Lanes

Goodmayes

Ilford

IG3 9RN

Tel: 020 3668 7499

Website: www.goodmayesmedicalpractice.co.uk

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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

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The last inspection of this practice took place in September 2015. The overall rating for the practice at that time was good, with the exception of key question safe which was rated as requires improvement. Our concerns at this time related to out-of-date and incomplete training for some members of staff, which included expired safeguarding training and chaperoning duties being undertaken by staff who had been trained to do so. Following the September 2015 inspection, we issued the practice a requirement notice in respect of Regulation 18 of the Health and Social care Act (RA) Regulations 2014.

At this inspection, the key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? - Good

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People - Good

People with long-term conditions - Good

Families, children and young people - Good

Working age people (including those recently retired and students) - Good

People whose circumstances may make them vulnerable - Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Dr Khalid Patel (also known as Goodmayes Medical Practice) 29 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements following the September 2015 inspection.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice did not always routinely review the effectiveness and appropriateness of the care it

Summary of findings

provided, with regards to the duties conducted by the practice healthcare assistant. The practice did ensure that care and treatment was delivered according to evidence- based guidelines.

- Not all patients were happy with care provided by the nursing team at the practice.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients

The areas where the provider **should** improvements are:

- To review the results from the Nation GP Patient Survey with particular reference to patient satisfaction on gaining timely access to services provided.






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	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

The six population groups and what we found

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

Dr Khalid Patel

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.

Background to Dr Khalid Patel

Dr Khalid Patel (also known as Goodmayes Medical Practice) is located in an area which has residential housing alongside commercial shops, in Ilford, Essex. The practice is located in a customised terraced house on a busy main road. There is limited parking outside the practice. There are two bus stops approximately two minutes' walk from the practice.

There are approximately 5500 patients registered at the practice. Statistics shows high income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 24-44. Patients registered at the practice come from a variety of geographical and ethnic backgrounds including Asian, Western European, Eastern European and Afro Caribbean. Of the practice population, 56% have been identified as having a long-term health condition, compared with the CCG average of 48% and the national average of 54%.

Care and treatment is delivered by the lead GP (male) and two regular salaried doctors (one male and one female) who between them provide approximately 19 clinical sessions weekly. There is one Practice Nurse (female) at the

surgery who provide three sessions weekly and a healthcare assistant (female) who delivers three sessions per week. Six administrative/reception staff work at the practice and are led by both the practice manager and an assistant practice manager.

The practice is open from the following times:-

8am – 6:30pm (Monday, Tuesday, Wednesday, Friday)

8am – 1:00pm (Thursday)

Clinical sessions are run at the following times:-

8:30am - 1:00pm; 2:00pm – 6:30pm (Monday)

9am - 12:30pm; 2:00pm – 6:00pm (Tuesday)

8am - 1:00pm; 2:00pm – 6:20pm (Wednesday)

9am - 12:30pm; (Thursday)

8am - 1:00pm; 2:00pm – 6:00pm (Friday)

Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP appointment outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Family Planning
- Surgical Procedures

Redbridge Clinical Commissioning Group (CCG) is the practice's commissioning body.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. On the day of inspection, we noted that the practice had employed a locum practice nurse following the departure of their salaried practice nurse to allow the practice to be able to conduct functions associated with nursing provision.
- Whilst there was an effective induction system for temporary staff tailored to their role, we noted that there was no information regarding who to contact in the event of a safeguarding concern within the practice locum pack. We spoke with the practice regarding this, who informed us that they would inform locums of this information when they were delivering services at the practice. Subsequent to our inspection, we received evidence that the practice had updated their locum pack to insert details of local safeguarding contacts.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had some reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment generally minimised risks. However, during the inspection we found that the practice did not have child paddles for the practice defibrillator and the adult paddles there were out of date. We brought this to the

Are services safe?

attention of the practice and subsequent to our inspection, we received evidence that the practice had purchased new child and adult paddles for the defibrillator. The practice kept prescription stationery securely and monitored its use.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, we saw evidence that the healthcare assistant was trained to administer specific vaccines and medicines, however when we asked the practice for a sample of the patient specific directions (PSDs) that they worked to, the practice were unable to produce these (a PSD is a written instruction usually given by a GP allowing a medicine to be administered to a patient, once that patient has been assessed by the GP). The healthcare assistant had signed the practice patient group directives (PGDs) instead of PSDs and this error had not been identified prior to our inspection (PGDs provide a legal framework that allows registered health professionals such as practice nurses/nurse prescribers to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor each time they visit the practice). We asked the lead GP how he assured himself that patients receiving vaccines from the healthcare assistant had been assessed thoroughly and that the healthcare assistant was working within scope of their duties and he responded that the healthcare assistant had a number of years of experience and had in the past consulted him when they were unsure of whether a patient should receive a vaccine. Subsequent to our visit, we received confirmation that the practice had now adopted the use of PSDs allowing oversight by the lead GP of vaccines administered by the healthcare assistant.
- Similarly on the day of inspection, we noted that a locum practice nurse employed by the practice had administered a vaccine without having being given a valid PGD by the practice to sign before administering a vaccine.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. We saw evidence that the practice had followed guidance regarding flushing of the water system connected to an unused shower located at the practice in accordance to the Health and Safety Executive (HSE) guidance. The shower system is no longer on site, removed as part of the ongoing upgrade of the premises.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We viewed a significant event notice at the practice which related an error in the delivery of vaccines for the practice. The expected weekly delivery of immunisations from the supplier contained some vaccines destined for another practice, whilst not containing all the vaccines ordered by the practice. The practice contacted the supplier to explain what had happened and was advised to use the vaccines or dispose of them as they could not be taken back or used elsewhere. The practice had a sufficient supply of the non- delivered vaccines until the next delivery of vaccines was due to be delivered. This event was discussed at the next practice meeting where it was agreed that staff accepting deliveries of vaccines were to ensure that delivery was for correct practice by thoroughly checking invoice thoroughly before accepting the delivery.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. On the day of inspection the practice was able to talk the inspection

Are services safe?

through their process of reviewing and acting upon safety alerts, and was able to show us the last safety alert they had received and what the practice had done with regards to the alert.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice held a case management register in respect of older, vulnerable patients who may also have long term conditions. These patient records were flagged and they were able to obtain same day telephone access to a GP if required.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- The Quality Outcomes Framework (QOF) recorded the practice as comparable to the CCG average on all three identified diabetes indicators. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 80%, compared to the CCG average of 74% and the national average of 80%.
- The practice conducted regular medicine reviews of patients in this population group to ensure that medicines prescribed were relevant to their needs.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from 2015/2016 showed that uptake rates for the vaccines given were below the target percentage of 90%. We asked the practice about their uptake rate and were shown evidence of the practice achieving the 90% target in one of the four categories for children up to the age of 2 for the year 2016/2017. The practice told us that they have made efforts to engage with parents and carers of children up to the age of five regarding the importance of having young children immunised. We saw evidence of this through posters located within the waiting area. The practice had also obtained literature regarding the use of pork gelatine contained within the ingredients of some vaccines. This was to allow those whose religious beliefs may consider the use of pork gelatine inappropriate further information to make an informed choice on whether to have children vaccinated. Opportunistic vaccinations were offered to this population group.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice offered chlamydia screening for young people.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 86%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 83%.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 95% compared with the CCG and national average of 91%.
- The practice refers patients to local Improving Access to Psychological Therapies (IAPT).

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. The overall exception reporting rate was 4% compared with a national average of 11%. (QOF is a system intended to improve the quality of

general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice was actively involved in quality improvement activity. The practice had undertaken two audits during the past 24 months, one of which was two-cycle audit. We viewed a re-audit which was a medication review of patients who were receiving corticosteroids to ascertain whether the patient would benefit from a change of medication to manage their condition. Corticosteroids is a type of medicine frequently prescribed to patients who have been diagnosed with Chronic Obstructive Pulmonary Disease (COPD). COPD is a condition which can amongst other things cause breathing difficulties. Of the 25 patients identified during the re-audit, one patient was identified as benefiting from a change to their existing medication. Of the remaining 24 patients, it was decided to continue with existing medication, but to monitor and review these patients regularly to see if their symptoms were being managed well with a view to instigating a change to their existing medication.
- Where appropriate, clinicians took part in local and national improvement initiatives. The practice is currently involved in the local CCG and locality incentive schemes which seeks to achieve better outcomes for patients with diabetes and atrial fibrillation as well as focusing on care for those symptoms has led to or potentially could led to fragility.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings,

Are services effective?

(for example, treatment is effective)

appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.

- There was a clear approach for supporting and managing staff when their performance was poor or variable. On the day of inspection the practice manager told the inspection team that if staff performance fell short of the expected standards, staff would be given extra support and supervision to help them to improve their performance.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. Staff told us that they spoke to patients with certain conditions about the importance of adopting healthier lifestyle choices to help manage and improve conditions.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Two of the comment cards mentioned occasional difficulties in obtaining suitable appointments.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and nine surveys were sent out and 102 were returned. This represented about 2% of the practice population. The practice results showed a mixed response for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%
- 75% of patients who responded said the GP gave them enough time compared with the CCG average of 82% and the national average of 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 94% and the national average of 95%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 81% and the national average of 86%.

- 81% of patients who responded said the nurse was good at listening to them compared with the CCG average of 84% and the national average of 91%.
- 79% of patients who responded said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 95% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 78% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 91%.
- 77% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

We spoke with the practice regarding some of the low patient satisfaction scores (in comparison to the national average) relating to nursing provision at the practice. The practice told us they were unsure why some of the scores were low whilst others for the nursing services were high. They told us they would encourage patients to talk with them if their experience at the practice did not meet expectations and to act on feedback received.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. The practice had staff who could speak several different languages including Urdu, Arabic and Punjabi. The practice website allowed pages to be translated into over approximately 65 languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. This was done by asking as patients whether they had caring responsibilities when they came in for a consultation and by having posters placed within the practice asking carers to identify themselves to reception staff. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 71 patients as carers, which is 1% of the practice list.

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. We saw posters in the patient reception area which had details of carers support groups operating in the area.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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:

- 83% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 71% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.
- 76% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of CCG of 83% and the national average of 90%.
- 69% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 85%.

We spoke with the practice regarding some the low patient satisfaction scores (in comparison to the national average) relating to patient perception of the delivery of services by clinical staff at the practice. The practice told us they were unsure why the results overall were mixed. They told us they would encourage patients to talk with them if their experience at the practice did not meet expectations and to act on feedback received.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. The practice did not offer extended hours surgery. Patients were able to pre-book appointments up to four weeks in advance. The practice website allowed registered patients to book appointments and request repeat prescriptions online. In addition, the practice website listed details regarding clinics held at the practice as well as information regarding some practice policies and procedures.
- The facilities and premises were appropriate for the services delivered. At the time of the inspection, the practice had completed the first stage of building works to upgrade the current facilities which included the addition of two new clinical rooms on the ground floor.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice made reasonable adjustments when patients found it hard to access services. The practice website allowed for patients to access services such as requesting repeat prescriptions and booking appointments and the website could be translated into over 65 other languages, in order to allow patients for who English is not their first language access to the information on the website. The practice had a hearing loop and a British Sign Language (BSL) interpreter could be booked for patients who communicate through sign language.
- The practice provided a dedicated phone line for cancellation of appointments to minimise the number of missed appointments.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients in the population group had an alert added to their patient record stating they could have same-day telephone access to a clinician.
- Longer appointments were available if required.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Although the practice did not offer extended hours, patients at the practice were able to see a doctor outside of normal working hours via the local out of hours provider.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered longer appointments for patients with a learning disability.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics. Patients who had a pre-booked appointment were contacted by reminder phone call prior to their appointment. Patients who failed to attend appointments were proactively followed up by a phone call from the practice.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and sixty surveys were sent out and 102 were returned. This represented about 2% of the practice population.

- 69% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 80%.

- 67% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 50% and the national average of 70%.
- 55% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 62% and the national average of 75%.
- 68% of patients who responded said their last appointment was convenient which compared to the CCG average which was the same at 68% and the national average of 81%.
- 52% of patients who responded described their experience of making an appointment as good compared to the CCG average of 58% and the national average of 58%.
- 38% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 43% and the national average of 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed two complaints (out of the eight) received and found that these complaints were satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. One of the complaints we reviewed focused on the non-receipt of test results by a patient and subsequent contact by the patient with the practice regarding the non-receipt. We saw evidence that the practice acknowledged receipt of the complaint. An investigation was conducted by the practice manager to gain further knowledge of the events which prompted the complaint. Following the investigation, the practice wrote to the complainant with a detailed response. As a result of

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

the complaint, the practice contacted the local hospital to follow up on the results and informed the complainant that they would be contacted once the practice had received the results.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. An example of this was the 'walk-in' clinics provided by the practice to identify patients who were at risk of diabetes. This initiative was put forward by the practice PPG and as a result allowed the practice to develop an at risk diabetes register of patients in advance of other locality practices before it became an requirement as part of local clinical quality improvement agenda.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between the clinical and administrative teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

Good 

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

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was an active patient participation group. We spoke with five members of the patient participation group (PPG) who told us that the practice was open and transparent with members of the group and attended all PPG meetings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice worked in collaboration with the PPG and local pharmacies to educate patients regarding only requesting repeat medication when necessary. This was achieved through talking to patients at the practice and placing leaflets (devised by the practice) in the reception and seating area of the practice, as well as on the practice website.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. Two members of the clinical team had recently become accredited trainers for student doctors.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, the registered person did not have daily oversight of all the clinical activities conducted by the Healthcare Assistant as there was no evidence of Patient Specific Directions (PSDs) signed daily by the registered person giving authorisation to the Healthcare Assistant to administer vaccines to specific patients.</p> <p>In addition, the registered person had not arranged the authorisation via a signed Patient Group Directive (PGD) for the locum practice nurse to administer vaccines to patients whilst at the practice.</p>