

# Dr Mohammed Ehsan

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr Mohammed Ehsan	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mohammed Ehsan on 5 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always effectively assessed and well managed. For example, the provider had failed to adequately assess and mitigate the risks to patients when considering which emergency drugs they should hold.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, staff carrying out cleaning at the practice had not received training to ensure they could do so safely.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure all Patient Group Directions (PGDs) are signed by the GP.

# Summary of findings

- Ensure they held sufficient stocks of emergency medication to treat patients in the event of a medical emergency.

The areas where the provider should make improvement are:

- Ensure a copy of the practice policies and significant event form are accessible to all staff.
- Ensure contents of the first aid kit are checked regularly to ensure they are available and fit for use.
- Checked the defibrillator regularly to ensure it is in good working condition.
- Review the business continuity plan to ensure it includes emergency contact numbers for staff, details of the buddy practice and that a copy is available off site.
- Advertise the translation service to patients.
- Encourage patients who are carers to identify themselves.
- Ensure staff who clean the practice have appropriate training to support this role.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- Risks to patients were not always effectively assessed and well managed. For example, the provider had failed to adequately assess and mitigate the risks to patients when considering which emergency drugs they should hold.
- Emergency medicines were not stored securely.
- One Patient Group Directive (PGD) was not signed by the GP.
- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Performance for diabetes related indicators was below average, however evidence showed the practice was aware of this and was taking appropriate action to address this.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, staff responsible for cleaning the practice but had not received Control of Substances Hazardous to Health (COSHH) training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. However the practice did not advertise its translation service to patients.
- We saw staff treated patients with kindness and respect. However further steps should be taken to encourage patients who were carers to identify themselves. Staff maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, through liaising with the local NHS England Team and CCG the practice was aware of the need to reduce A&E attendance locally. The practice had responded by putting measures in place to increase accessibility to GP services at the practice.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and

Good



# Summary of findings

procedures to govern activity and held regular governance meetings. However practice policies were not readily available to all staff and some contained information which was out of date.

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Health checks for the over 75s were offered as were flu and shingles vaccinations.
- Older patients were prioritised for same day appointments.

Patients were highlighted for discussion with the integrated care team to ensure their needs were met.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- At 58% performance for diabetes related indicators was below the CCG average of 81% and the national average of 90%. The practice had taken steps to address this including offerings same day appointments to these patients and employing a diabetes nurse specialist to assist in supporting them.
- 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.
- The practice offered in house spirometry and therefore patients did not have to be referred to have their lung function monitored.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 82%, which was comparable to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice referred young people to a designated counselling service which supported them with issues including stress, weight management and educational issues.
- Clinicians were able to advise about contraception and sexual health. They were aware of reporting requirements around female genital mutilation (FGM).

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Early morning appointments were available from 7.30am as well as a walk in service from 7am.
- Telephone advice was available for patients who were unable to attend the practice in person.
- The practice was aware of the issue of stress management for university students and was able to advise/refer appropriately.
- Vaccinations for students were offered.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments and annual health checks for patients with a learning disability.
- 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)

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and national average of 84%.
- At 100% performance for mental health related indicators was similar to the CCG average of 88% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice nurse was trained in supporting patients 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 317 survey forms were distributed and 106 were returned.

This represented 4% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 65% and 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 38 comment cards which were all positive about the standard of care received. Patients commented on the kind and caring nature of the GP and all staff and were pleased with the accessibility of the service, in particular the same day, walk in service. Reviews on the NHS Choices website showed the practice was rated five stars out of five based on 31 ratings for the practice.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Collated results of the friends and families test from April 2016 showed 99% of respondents were extremely likely to recommend the practice.

# Dr Mohammed Ehsan

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

## Background to Dr Mohammed Ehsan

Dr Mohammed Ehsan is a GP practice in the London Borough of Barking and Dagenham, to the east of London. The practice is part of the London Borough of Barking and Dagenham Clinical Commissioning Group (CCG) and provides primary medical services through a General Medical Services (GMS) contract with NHS England to around 3000 patients.

The practice is housed within a small building, situated at one end of a row of residential homes. The practice is easily accessible by local buses. It does not have a car park, however there is permit free parking on surrounding streets. The practice itself consists of two consulting rooms, a small reception area and a toilet. The manager's office and reception desk are sectioned off from the main reception area. The building is single storey.

The practice's age distribution data shows an average number of patients aged zero to 59 years and a lower than average number of patients aged 60 to 85 and above. At 75 years for men and 80 years for females the average life expectancy is below the national average of 79 years for males and 83 for females. The practice locality is in the 3rd more deprived decile out of 10 on the deprivation scale.

Clinical services are provided by one GP (male, nine sessions) and one practice nurse (female, six sessions). They are supported by a full time practice manager and two reception/administrative staff.

The practice officially opens at 7.30am, however the GP/nurse is usually available from 7am to see patients on an emergency basis. The practice closes at 6.30pm every weekday except Thursday when it closes at 1pm. Surgery times are from 7.30am to 11.30am and 4.30 to 6.30pm except on Thursday when there is no afternoon surgery. Outside of these hours services are provided by the practice's out of hours provider.

The practice is registered to carry out the following regulated activities: Maternity and midwifery services; Family planning; Treatment of disease, disorder or injury and Diagnostic

and screening procedures from 69 Oval Road North, Dagenham, RM10 9ET.

Dr Mohammed Ehsan was inspected in 2013 under our previous inspection regime and was found fully compliant.

## 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.

# Detailed findings

## 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 5 December 2016.

During our visit we:

- Spoke with a range of staff including the GP, nurse and practice manager 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.

# 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. Staff were unable to access the significant event recording form or policy on their own computer terminal. However they were able to request this from the practice manager. Forms tended to be completed by either the GP or the practice nurse who both worked in close proximity to all of the other staff. 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. One example was an incident where a patient was administered a vaccine that was out of date. The incident was investigated and it was discovered that the practice had taken delivery of a batch of vaccines that were out of date on arrival. The patient was checked to ensure there were no complications and was advised accordingly. The vaccines were disposed of safely. Following the incident the procedure was changed to include a requirement to check expiry dates of all vaccines as they were delivered.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. The GP and nurse were trained to child protection or child safeguarding level three. All other staff were trained to level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We looked at the most recent which was conducted in October 2016. Actions identified included changing taps to elbow operated types and replacing carpet with appropriate flooring. We saw evidence that action was taken to address any improvements identified as a result. The practice had applied for a grant to enable them to replace the taps.
- 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 there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply

## Are services safe?

or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). However we noted one PGD had not been signed by the GP.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and 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. A locum was used when the GP was on leave. No locum GP had been used in the last year. When the practice nurse was on leave the GP carried out their tasks, apart from smear tests.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. The first aid kit was checked weekly by the GP to ensure all items were available and fit for use.
- Emergency medicines were kept in a cupboard in the nurse's room. We saw that this cupboard was not locked and were told the cupboard was not lockable at that time as the key had been lost. We noted the nurse's room was not kept locked when unoccupied.
- We saw evidence that the practice had recently started recording monthly checks of emergency medicines in October 2016. Only one check had been done at the time of our inspection and that was in October. All the medicines we checked were in date, such as glucagon or glucagel for treating hypoglycaemia and rectal diazepam and/or IV diazepam for treating epileptic fits. The practice's list for checking emergency drugs did not include hydrocortisone, however we found this was available in the cupboard (for treating acute severe asthma and severe or recurrent anaphylaxis). No risk assessment had been carried out to identify medicines that were not suitable for the practice to stock. Following the inspection we received confirmation from the practice that their emergency medicines were fully stocked.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. However the plan did not include emergency contact numbers for staff. We were told the practice could share the premises of another local practice in the event that theirs became unusable. However, this was not detailed in the business continuity plan. Copies of the plan were not made available off site.

# 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.
- The practice monitored that these guidelines were followed through carrying out searches of patient records once alerts were issued to ensure appropriate action was taken.

### 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 92% of the total number of points available, with an exception reporting rate of 5%. (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 practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2016 showed:

- At 58% performance for diabetes related indicators was below the CCG average of 81% and the national average of 90%. The practice was aware of its low performance in this domain and to try and address this, they had engaged the services of a specialist diabetes nurse at their own expense. The nurse attended the practice once a month to advise patients and support them, particularly in terms of compliance with medication.
- At 100% performance for mental health related indicators was similar to the CCG average of 88% and the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, peer review and research.
- Findings were used by the practice to improve services. For example, a COPD audit was conducted in order to establish the standards of chronic obstructive pulmonary disease (COPD) clinical care at the practice. This audit involved measuring the patient's lung capacity, the number of exacerbations in the previous year as well as the number of treatments they were on. The first audit took place in 2014/15. The results showed there were 10 eligible patients who met the criteria. There were 32 recorded exacerbations/chest infections which equated to 3.2 infections per person, per year. The audit was repeated in 2015/16. There were 11 eligible patients who met the criteria. There were 31 recorded exacerbations/chest infections which equated to 2.81 infections per person, per year. Three patients had their treatment adjusted as a result of this audit. Whilst there was only a marginal improvement in the number of exacerbations over the relevant period the practice had put measures in place to improve early identification of COPD. For example, the nurse had undergone specific training in COPD. All smokers over the age of 40 years were invited to the smoking cessation clinic as well being afforded the opportunity to have a chest x-ray and pulse oximetry done. The practice had recently purchased a spirometry machine which allowed in-house assessments for patients at risk.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, advising on breast care, alcohol and HIV. We



# Are services effective?

## (for example, treatment is effective)

did find however, that one of the reception/administrative staff was responsible for cleaning the practice but had not received Control of Substances Hazardous to Health (COSHH) training.

- 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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 plans were routinely reviewed and updated for patients with complex needs.

### 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.
- Dietary advice was provided by the clinicians. Patients were referred for smoking cessation advice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 82%. The nurse contacted patients who did not attend for their cervical screening test. Clinicians opportunistically encouraged patients to have smear tests done when they attended the practice for any reason. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice sought advice from specialists about how to encourage patients to take up screening. 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 were comparable to CCG/national averages. For example,



## Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 97% (CCG 84% to 92%, national 73% to 95%) and five year olds from 62% to 89% (CCG 72% to 86%, national 81% to 95%).

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.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 38 comment cards which were all positive about the standard of care received. 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 one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the 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 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:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the 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.
- Information leaflets were available in easy read format.
- A hearing loop was available at the practice for patients with a hearing impairment.
- Documents could be translated into Braille for patients who were visually impaired.

## 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 18 patients as

carers (less than 1% of the practice list). We saw a large poster in reception encouraging patients to identify themselves if they had caring responsibilities. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP visited them to ensure their needs were met and to offer them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, through liaising with the local NHS England Team and CCG the practice was aware of the need to reduce A&E attendance locally. In order to support this the practice opened half an hour earlier (7am) for emergency, "walk-in" patients. These patients were triaged by the nurse and those who needed to be seen by the GP were seen the same day. The practice also issued rescue packs, for example for patients with Chronic Obstructive Pulmonary Disease (COPD) which they could use in the event of an exacerbation of their condition until they, rather than going to A&E. The practice also had an emergency telephone number which patients could use in between the morning and afternoon sessions when the practice was closed, if they needed to speak with the GP for urgent advice.

- The practice offered early morning appointments from 7.30am which could suit working patients who could not attend later in the day.
- 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 available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice nurse had recently completed smoking cessation training and the practice was in the process of setting up a smoking cessation clinic.
- The practice hosted a diabetes clinic which was run by a specialist nurse every month.

### Access to the service

The practice officially opened at 7.30am, however the GP/nurse was usually available from 7am to see patients on an

emergency basis. The practice closed at 6.30pm every weekday except Thursday when it closed at 1pm. Surgery times were from 7.30am to 11.30am and 4.30 to 6.30pm except on Thursday when there was no afternoon surgery. Extended hours operated from 7.30am to 8am. Outside of these hours services were provided by the practice's out of hours provider.

In addition to pre-bookable appointments that could be booked up to four 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.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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

The practice had a system in place to assess:

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

On receipt of a request for a home visit the GP telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its 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.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available on display in reception to help patients understand the complaints system.
- Complaints were discussed at practice meetings.

We looked at the three complaints received in the last 12 months and requested further information which was provided following the inspection. We found these complaints were satisfactorily handled, dealt with in a timely way, with openness and transparency with dealing

with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint related to a patient who had been removed from the practice list following an incident at the practice. We saw evidence the complaint was investigated, responded to and learning points were identified. These included a review of the practice's policy for the removal of patients and the way in which aggressive patients were dealt with at the practice.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice mission statement was not displayed in the waiting areas, however staff knew and understood the practice's values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented. They had to be requested from the practice manager. We also found the policies we looked at were . For example they referred to the previous CQC regulation regime.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the lead GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP was approachable and always took the time to listen to all members of staff.

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 lead GP encouraged a culture of openness and honesty. 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 some written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice team hadn't held any away days although birthdays and other important occasions were celebrated.
- Staff said they felt respected, valued and supported, particularly by the lead GP. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had made recommendations for the refurbishment of the practice, which was then carried out.
- The practice also collected patient feedback using a comments box which was in reception. There had been

# Are services well-led?

Good 

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

a request made for the practice to hold smoking cessation clinics. The nurse had since completed the necessary training and this service was due to start in the new year.

- The practice had carried out its own patient survey through an external company in March 2016. Feedback from patients was positive with 90% of respondents stating they would recommend the practice to friends and family.
- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was involved in a new diabetes scheme under the auspices of the local CCG. The CCG had chosen to focus on improving the care received by diabetic patients as a strategic priority. The aim of this scheme was to correct the poor control of diabetic patients in primary care in order to reduce the deterioration of patients to the point that they needed secondary care.

## 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by failing to:</p> <ul style="list-style-type: none"><li>• Ensure they held sufficient stocks of emergency medication to treat patients in the event of a medical emergency.</li><li>• Ensure emergency medicines were stored securely.</li><li>• Ensure patient group directions (PGDs) which allow nurses to administer medicines in line with legislation are signed by the GP.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>