

Dr Mahmoud Ibrahim (also known as Rossendale Valley Medical Practice)

Quality Report

Haslingden Health Centre
Manchester Road
Rossendale
BB4 5SL

Tel: 01706 605100

Website: www.rossendalevalleymedicalpractice.co.uk

Date of inspection visit: 22nd June 2017

Date of publication: 11/08/2017

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	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr Mahmoud Ibrahim (also known as Rossendale Valley Medical Practice)	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rossendale Valley Medical Practice on 17 December 2015. The overall rating for the practice was requires improvement.

The full comprehensive report on the December 2015 inspection can be found by selecting the 'all reports' link for Dr.M.Ibrahim on our website at www.cqc.org.uk.

This announced comprehensive follow up inspection was undertaken on 22nd June 2017. Overall the practice is now 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 assessed and managed. However there was no risk assessment regarding the availability of emergency drugs or the impact of unsupervised children in the treatment room.
- 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.
- Patients said they were treated with compassion, dignity and respect.
- The practice was above average for its satisfaction scores on consultations with GPs and nurses.
- The health and wellbeing of patients in relation to their caring responsibilities was reviewed when they attended for a consultation or health check. They were directed to the various avenues of support available to them.

Summary of findings

- Information about the services provided 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 told us they found it easy to make an appointment with the 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.

There was an area of outstanding practice:

- Appointments were offered from 06.30am on two days each week for people who worked or those with anxiety or social phobia who were unable to wait in a full waiting room.

However there was an area of practice where the provider must make improvements:

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

There were areas where the provider should make improvements:

- The practice nurse should receive training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- The practice should put appropriate professional indemnities in place for all staff.
- The recruitment policy should be regularly reviewed and updated

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?

In December 2015 the practice was rated as requires improvement for providing safe services as although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. • Although some improvements had been undertaken there still were areas of risk management that were not fully implemented

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

- There was an effective system in place for reporting and recording significant events. The systems in place to monitor trends and ensure timely review of these events required formalising.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received 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 generally had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed. However the recruitment policy required review and updating to reflect appropriate pre-employment checks.
- Following a significant event a fridge had been disconnected leading to damage to vaccines. Further action was required to risk assess this.
- The practice had effective systems in place for the management of repeat prescriptions.
- Repeat prescriptions were reviewed and organised monthly, weekly or daily as required. They were then passed to the GP's for action, and the patient was seen where necessary.
- The range of emergency drugs available had not been risk assessed.

Requires improvement



Are services effective?

In December 2015 the practice was rated as requires improvement for providing effective services, as there were areas where

Good



Summary of findings

improvements should be made. There was little evidence that audit was driving improvement in performance to improve patient outcomes. Appraisals were not scheduled and undertaken on time and not all staff had completed their yearly appraisal.

These arrangements had improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However achievement for childhood immunisations, bowel cancer and chronic obstructive pulmonary disease were low.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits and analysis of significant events demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

Are services caring?

In December 2015 the practice was rated as good for providing caring services. The practice is still rated as good for providing caring services.

- Data from the national GP patient survey (published in July 2016) showed patients rated the practice in line with others for several aspects of care. 87% of respondents stated that the GP was good at listening to them compared to a CCG average of 88% and a national average of 89%.
- Carers were identified and staff ensured that their needs were assessed and monitored at consultations and health checks.
- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was accessible including a translation service suitable for patients who did not speak English as a first language.
- We saw staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

In December 2015 the practice was rated as good for providing responsive services. The practice is still rated as good for providing responsive services.

Good



Summary of findings

- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, the practice engaged with the medicines optimisation team to reduce the rate of prescribing..
- Patients told us said they found it easy to make an appointment either by telephone or in person. Data from the GP Patient Survey indicated 83% of patients who responded stated that the last time they wanted to see or speak to a GP or nurse from the surgery they were able to get an appointment.(CCG average 74% national average 76%) There was continuity of care, with the majority of 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 in the patient information file and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

In December 2015 the practice was rated as requires improvement for being well-led, as there were areas where improvements were needed. The practice sought feedback from patients but did not act on negative feedback from all sources including the national GP patient survey and information from the NHS Choices website. The governance arrangements were not fully embedded and this had led to gaps in safe management of the service. For example, staff did not have access to job descriptions and the policies and procedures were not always reviewed on time.

These arrangements had improved when we undertook a follow up inspection on 22 June 2017.

The practice is now rated good for being well led.

- The GP stated they 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 procedures to govern activity and held regular governance meetings. All senior staff had clearly defined key areas of responsibility.

Good



Summary of findings

- 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 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 met regularly to discuss ways in which the needs of the local population might be better met including widening representation on the group.
- 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.

Good



- 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, longer appointments and urgent appointments on the same day. Health checks were available for the over 75 years at a monthly clinic when information and advice was provided by a local agency.
- Patients had been identified who were on the Avoiding Unplanned Admissions register all of whom had a care plan.
- The practice was providing an enhanced service in shingle and pneumococcal vaccination to this group of patients. The practice proactively identified patients who were entitled to this vaccination and then contacted them. There were leaflets available at the reception regarding shingles vaccination.
- There was an Advanced Nurse Practitioner employed by the CCG to work within nursing and residential homes in the locality.
- Staff signposted older patients who were at risk of social isolation to a befriending service run by a voluntary sector agency.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice completed a health check on all newly registering patients which helped to identify any long term conditions early in the relationship with the practice.
- The GP and practice nurse had recently attended training to run an insulin initiation service which was planned to launch in September 2017. Specialist clinics were held in the practice for patients with heart disease, diabetes, chronic obstructive pulmonary disease (COPD) and asthma. Performance for diabetes related indicators was lower or comparable to the

Summary of findings

national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less in the period April 2015 to March 2016 was 65%. (CCG average 82% National average 78%).

- Patients with COPD were seen regularly. This was also an opportunity to provide flu and pneumonia vaccination and issue patients with rescue packs including antibiotics for respiratory conditions.
- A smoking cessation service was offered onsite by an external agency.
- Longer appointments and home visits were available when needed.
- All these patients had 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.

Families, children and young people

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

- There were comprehensive 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 and those who did not attend secondary care appointments.
- Immunisation rates for all standard childhood immunisation programmes achieved up to 86.5% in 2015/16, which was comparable with the clinical commissioning group (CCG) average. However uptake rates for the vaccines for two year olds achieved (65%) against a national target of over 90%. These were provided both at immunisation clinics and by appointment.
- 78% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 82% and a national average of 81%.
- All children discharged from hospital after an asthma attack were followed up within 48 hrs by a clinician.
- 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 and health visitors.
- All parents or guardians calling with concerns about a child under the age of 10 were offered a same day appointment.

Good



Summary of findings

- Young people were signposted or referred to appropriate services such as Child and Adolescent Mental Health.
- The practice offered appointments to discuss sexual health, undertook pregnancy testing and contraception was available.

Working age people (including those recently retired and students)

Good



The practice is rated as Good for the care of working age people.

- 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. This included pre-bookable appointments from 6.30am and an on-call doctor available until 6.30pm.
- The practice was proactive in offering online services including repeat prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group.
- Health checks were available for patients aged between 40-74 years.
- Telephone consultations were offered daily. There was flexible timing for telephone call backs from the GP. If appointments were not available to see clinicians at the practice patients were directed to Pharmacy first, NHS 111, or the local walk in centre.
- Smoking cessation advice was available at the surgery delivered by a voluntary agency.
- Staff referred patients to the Exercise on Prescription service.

People whose circumstances may make them vulnerable

Good



The practice is rated as Good for the care of people 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. Alerts for direct access to GPs or nursing staff were added to records of these patients.
- The practice undertook health checks for patients with learning disabilities at an extended appointment when a nurse and a GP wrote an individual care plan.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including hospice staff, palliative care nurses and district nurses. This included multidisciplinary integrated care meetings to ensure patients received safe, effective and responsive care.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Carers were identified during appointments with practice staff who carers were offered health checks and flu vaccination.
- Home visits were available if the patient could not attend appointments at the surgery.
- There were interpreter services available which could be booked for specific appointments for patients who did not speak English as a first language.

People experiencing poor mental health (including people with dementia)

The practice is rated as Good for the care of people experiencing poor mental health.

- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This was above the clinical commissioning group average of 88% and the national average of 88%.
- 76% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This was lower than the CCG average of 90% and the national average of 89%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as alcohol and drug services who have a clinic onsite and patients were given contact details for the crisis team, single point of access.
- Daily appointments were offered from 06.30am two days each week for people with anxiety or social phobia who were unable to wait in a full waiting room.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing well in comparison with national averages. A total of 302 survey forms were distributed and 113 were returned. This represented 4.45% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice had undertaken a further patient satisfaction survey in 2017 which covered a similar area of feedback. There were 42 respondents to this survey. 95% of

respondents felt that the GP fully understood their concerns and 99% were satisfied with surgery hours. There were some individual comments which had been developed into an action plan which included the availability of more pre-bookable appointments and more appointments in the evening.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards all of which were very positive about the standard of care received. Patients commented that they were treated with respect and dignity. Staff were described as caring and always helpful. Patients commented that the environment was safe and clean. All patients said they were very satisfied with the service, there was a good choice of appointments and the GP had a gentle, professional manner.

We spoke with four patients during the inspection. Of those patients, all said they were very satisfied with the care they received and the surgery was run efficiently. Patients told us they did not feel rushed in consultations and that staff talked things through with them. They commented that the surgery was clean and tidy.

Areas for improvement

Action the service **MUST** take to improve

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

Action the service **SHOULD** take to improve

- The practice nurse should receive training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

- The practice should put appropriate professional indemnities in place for all staff.
- The recruitment policy should be regularly reviewed and updated.

Outstanding practice

- Appointments were offered from 06.30am on two days each week for people who worked or those with anxiety or social phobia who were unable to wait in a full waiting room.

Dr Mahmoud Ibrahim (also known as Rossendale Valley Medical Practice)

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector. The team included a GP specialist adviser.

Background to Dr Mahmoud Ibrahim (also known as Rossendale Valley Medical Practice)

Rossendale Valley Medical Practice is based in Haslingden Health Centre, Manchester Road Rossendale, BB4 5SL and is part of the East Lancashire Clinical Commissioning Group (CCG). The practice has 2629 patients on its register. The practice holds a General Medical Services (GMS) contract with NHS England.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Male and female life expectancy in the practice geographical area is 77 years for males and 82 years for females both of which

are slightly below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register are similar to the average GP practice in England.

The service is provided by a single handed GP (male). The practice also employs a practice manager, one female practice nurse, an advanced nurse practitioner as well as a team of reception and administrative staff.

The practice is based in a refurbished health centre, under contract with NHS East Lancashire, and offers a comprehensive range of services. It is fully equipped with facilities for the disabled including disabled parking at the rear of the building, access ramps, double doors, disabled toilet, hearing loops in the reception area and a lift.

The surgery is open 8am to 6.30pm on Mondays, 8am to 1:15pm on Tuesdays, 8am to 6.30pm Wednesdays and 6.30am to 6.30pm on Thursdays and Fridays. When the surgery is closed every Tuesday afternoon from 1:15pm, a GP remains on-call for emergencies until 6:30pm. All surgeries are accessed by appointment. There is provision for ill children to be seen the same day.

When the surgery is closed patients are redirected to the out of hour's service and asked to call NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Rossendale Valley Medical Practice on 17 December 2015 under Section

Detailed findings

60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services. We also issued three requirement notices to the provider in respect of good governance, safe care and treatment and staffing. The full comprehensive report on the December 2015 inspection can be found by selecting the 'all reports' link for Dr.M.Ibrahim on our website at www.cqc.org.uk.

We undertook a follow up inspection on 22 June 2017 to check that action had been taken to comply with legal requirements.

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 22nd June 2017. During our visit we:

- Spoke with a range of staff (GPs, practice manager, practice nurse, and reception staff) and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and 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

At our previous inspection on 15 December 2015, we rated the practice as requires improvement for providing safe services, as the arrangements for risk management were not implemented well enough to ensure patients were kept safe. For example, staff performed chaperone duties without a Disclosure and Barring Service (DBS) check or appropriate risk assessment to justify the decision not to perform a DBS check being in place. Adequate recruitment procedures were also not in place.

These arrangements had improved when we undertook a follow up inspection on 22 June 2017. However improvements are still required so the practice continues to be rated as requires improvement for providing safe services.

Safe track record and learning

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

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

Practice staff told us they carried out a thorough review discussion at practice meetings to share learning and agree actions required. These discussions were clearly recorded. An overall log of events was maintained. We saw that vaccines were destroyed after fridge temperatures were not maintained when a child disconnected the fridge plug. Practice staff had put a notice to warn people that the plug should not be disconnected, however the potential risk had not been assessed to consider further mitigating action.

We reviewed safety records, incident reports, patient safety alerts, medicines safety alerts and minutes of meetings where these were discussed. We reviewed a number of

examples where lessons were shared and action was taken to improve safety in the practice. A Medicines and Healthcare products Regulatory Agency (MHRA) alert had been received regarding the use of a specific medicine for patients with COPD. A search had taken place to identify any patients using this inhaler and it was changed to the recommended alternative.

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. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Children on the child protection register were highlighted on records, with alerts for staff and clinicians. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- We saw notices in the waiting room advising patients that chaperones were available if required and patients told us they were aware of this service. 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 lead GP and practice manager monitored infection control and an annual audit of infection control had taken place in November 2016. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing, security and disposal). Repeat prescriptions were monitored by the GPs who either reauthorized the medication or requested a review of the patient. The prescription policy had been reviewed and updated and now included guidance on prescriptions which patients reported as missing. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that prescription stationery was securely stored and appropriately monitored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. The recruitment policy had been recently updated, however it required further amendment to clarify that all checks were being carried out. These changes were made during the inspection.
- We noted that the professional indemnities for the GP and the practice nurse were not reflective of their responsibilities. This was rectified within four days of the inspection.

Monitoring risks to patients

Risks to patients were assessed, however the practice had not taken comprehensive mitigating action regarding the electrical supply to the vaccine fridge and the range of emergency drugs.

- 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 area 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 ongoing risk assessment as any issues were identified.

- 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.

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. A sign on the door to this locked room ensured all staff could rapidly access appropriate emergency medication.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw that the door where this equipment was kept was clearly signposted. A first aid kit and accident book were readily available.

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

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 15 December 2015, we rated the practice as requires improvement for providing effective services as there were areas where improvements should be made. There was little evidence that audit was driving improvement in performance to improve patient outcomes. Appraisals were not scheduled and not all staff had completed their yearly appraisal.

These arrangements had significantly improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing effective services.

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 risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had attained 87.1% of the total number of points available. This was 9% below the clinical commissioning group (CCG) average and 8% below the England average. The practice reported an overall exception rate of 3.3% which was 3.4% lower than the CCG average and 2.4% below the national average figure. 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 2015/16 showed:

- Performance for diabetes related indicators was lower than the national average. For example the practice achieved 62.5% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) The CCG average was 81.4% and the national average was 78%. The percentage of patients with diabetes, on the register, in whom the last measure of total cholesterol was 5mmol/l or less, was 71%. (CCG average 83.5% National Average 80%) The practice was in the process of introducing an insulin initiation service run by the GP and the practice nurse.
- Performance for mental health related indicators was higher than the local average. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (CCG average 88% and national average 88%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- There had been several two cycle clinical audits completed in the last two years such as an audit of the use of Sip feeds and an audit of the diagnosis and monitoring of patients with hypothyroidism. Subsequently the practice had reduced their prescribing of supplemental feeds and health checks were now employed with all patients with hypothyroidism.

Information about outcomes for patients was used to make improvements. For example following NICE guidance staff were referring patients with osteoporosis for investigation of their calcium and vitamin D levels.

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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses attended clinical update sessions regularly for resuscitation, cervical smears, respiratory disease management and insulin initiation.
- Staff administering vaccines 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, clinical supervision 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. External speakers were invited to staff meetings and had provided education about services for carers and safeguarding children.

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 computer 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. Multi-disciplinary team meetings were held on

a two monthly basis, where patients were selected and reviewed along with palliative care patients. Those who attended included palliative care nurses, district nurses, and the health visiting team.

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; however the practice nurse was uncertain about the implications of the Mental Capacity Act 2005 and had not attended training recently. 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.
- The process for seeking consent was monitored through completion of consent forms and these were held on care records.

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 were supported by the team following a palliative care template. The practice held meetings to discuss patients newly identified as nearing the end of life. Practice staff ensured they became familiar with these patients and their relatives, the district nursing team was involved and anticipatory medicines prescribed when appropriate.
- Smoking cessation advice was available from local agencies.
- Patients who attended for their annual learning disability health review had a physical health check, were screened for breast, cervical and testicular cancer where appropriate and received healthy lifestyle advice.
- The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG average of 82% and the national average of 81%.

Are services effective?

(for example, treatment is effective)

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data highlighted that 51% of persons were screened for bowel cancer in the last 30 months; this was comparable with the CCG average of 58% and the national average of 58%.
- 71% of females aged 50-70 years were screened for breast cancer in the last six months which was the same as the CCG average of 71% and comparable with the national average of 72%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines for two year olds achieved (65%) against a national target of over 90%. The practice demonstrated that this was due to low numbers of eligible children and failures to attend impacting disproportionately. Immunisations for five year olds reached 86.5% which was comparable with the CCG of 76% and the national average of 88%.

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

At our previous inspection on 15 December 2015, we rated the practice as good for providing caring services. The service is still rated good for providing caring services.

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

We spoke with four patients. The GP was highly praised for his caring attitude, professionalism and willingness to listen. Patients told us they felt fully involved in their care and staff were approachable, courteous and tried hard to be helpful.

We spoke with representatives of the Patient Participation Group (PPG) who felt the PPG meetings were valuable, they felt their ideas were listened to and improvements were made. They were very aware of the needs of the local community.

Results from the national GP patient survey showed the practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice also carried out their own internal survey in April 2017. The feedback from this was good with 95% stating the GP fully understood their concerns and 99% were satisfied with surgery hours. An action plan was drawn up in response to comments received which included more pre-bookable appointments, availability of longer appointments and more evening appointments. The staff team intend to promote these suggestions and ensure the action is complete by October 2017.

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 and did not feel rushed to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was positive and aligned with these views. We also saw that care plans were personalised.

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

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

Are services caring?

- Staff told us that there were a small proportion of patients who did not speak English as a first language however translation services were available and the GP spoke a variety of languages used by the local community.
- We were told that information leaflets were available in easy read format for people with learning disabilities which were downloaded from specialist websites.

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 a carer. The practice had identified 45 patients as

carers (1.8% of the practice list). Those identified were coded on the system so that the clinical staff could monitor their health and wellbeing in relation to their caring responsibilities when they attended for a consultation or health check. Written information was available in leaflets and posters in the reception area to direct carers to the various avenues of support available to them. All registered carers were offered an influenza vaccination. Staff had regular contact with the local carer's service who had provided the practice staff with information about the various services available so that they could signpost patients.

Staff told us that if families had suffered bereavement, the GP contacted them and this was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 15 December 2015, we rated the practice as good for providing responsive services. The practice is still rated good for providing responsive services.

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.

- There were longer appointments available for patients with a learning disability or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. Annual reviews and blood tests could be carried out at peoples home.
- The ANP offered early morning appointments for a wide range of conditions from 6.30am two days each week.
- Same day appointments were available for most patients and were guaranteed for those with medical problems that required urgent attention.
- Telephone consultations were available with the GP.
- Patients told us they were rapidly referred to secondary services if appropriate.
- Patients were able to receive travel vaccinations available on the NHS. Those who required vaccinations only available privately were referred to other clinics.
- Where patients were diagnosed with dementia they were referred to the memory clinic and the family were referred to appropriate support services including social services and voluntary agencies such as The Alzheimer's Society.
- The practice referred to a number of charitable organisations for assessment and support of patients' social needs.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as patients with visual or hearing problems had an alert placed on their record so that reception staff could support them effectively to make an appointment. A hearing loop was available in the reception area to help patients with a hearing loss.
- A drugs and alcohol clinic was available in-house so that patients did not have to travel outside their locality.

Access to the service

The practice opening times were 8am to 6.30pm on Mondays, 8am to 1:15pm on Tuesdays, 8am to 6.30pm Wednesdays and 6.30am to 6.30pm on Thursdays and Fridays. When the surgery was closed every Tuesday afternoon from 1:15pm, the GP was on-call for emergencies until 6:30pm. In addition, pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were available for people that needed them on the same day.

Results from the national GP patient survey (July 2016) showed that patient's satisfaction with how they could access care and treatment was comparable or better than the national averages:

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 83% of patients stated the last time they wanted to see or speak to a GP or nurse from their surgery they were able to get an appointment (national average 76%).

The practice reviewed access arrangements on a regular basis. They aimed to offer all patients same day access and both patients and staff told us this occurred in the vast majority of occasions. Early morning access had been introduced on two mornings each week and these sessions were very popular with patients. More appointments were available later in the day and times were frequently changed in response to demand. Staff were promoting online appointments which were steadily increasing and patients received a reminder to attend appointments by a text message.

The comment cards we received and discussions with members of the PPG indicated there was a good choice of appointments. People told us on the day of the inspection that they were able to get appointments when they needed them.

Reception staff were trained to take information from patients by telephone to assess whether a home visit was required and to assess the urgency of the need for medical attention. 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.

Are services responsive to people's needs?

(for example, to feedback?)

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system which included a

guidance leaflet in the reception area. We looked at three complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. These were discussed at staff meetings and between practice manager and the GP.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 15 December 2015, we rated the practice as requires improvement for providing well led services, as although the practice sought feedback from patients it did not act on negative feedback from all sources including the national GP patient survey and information from the NHS Choices website. The governance arrangements were not fully embedded and this had led to gaps in safe management of the service. For example, staff did not have access to job descriptions and the policies and procedures were not always reviewed on time.

These arrangements had significantly improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing well led services.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had an effective plan reflecting the vision and values.

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 and were available to all staff.
- 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 effective arrangements for identifying, and recording risks however mitigating actions had not always taken place.

Leadership and culture

On the day of inspection the 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. Each senior member of staff had an area of responsibility within the practice. For example the GP led on safeguarding, dementia and cancer. The practice manager led on complaints and health and safety. The practice nurse led on diabetes, asthma and COPD. Staff told us the GP was very 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). The 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 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 and we saw the minutes of these.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the 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 acted upon feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had a well-established patient participation group (PPG). We saw notices in the waiting

Are services well-led?

Good 

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

room asking patients to volunteer for this role.

Representatives told us they felt able to voice their views and suggestions and had supported the practice to make improvements such as signposting to local dementia services and disseminating the internal survey to patients in their own homes.

- The practice collected feedback through surveys, complaints and verbal comments received. We saw that telephone consultations had been made available, more appointments were now available in the early mornings, online repeat prescriptions were available as was electronic prescribing. The practice had gathered feedback from staff through staff training sessions and 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. For

example an Advanced Nurse Practitioner (ANP) offered clinical support to a wide range of patients two mornings a week offering early morning appointments which were popular with patients.

- The GP met fortnightly with the practice manager to monitor the impact of new initiatives, the progress of new staff, QOF results, clinical commissioning group (CCG) and CQC visits and action required, and to listen to feedback from other meetings and education sessions. All actions were brought forward and reviewed by the practice manager.
- Action plans were produced following any surveys carried out. The GP, Practice manager and practice nurse attended two monthly CCG facilitated meetings with other local practices to benefit from peer review, discuss enhanced services and share learning.
- The practice had meetings with the CCG development team and engaged with the NHS England Area Team. For example staff met with the CCG pharmacist on a fortnightly basis to discuss good practice, optimisation and complex cases and reviewing the GP Survey action plan to consider improvements with the practice link officer.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not assess the risks to the health and safety of service users of receiving care or treatment and do all that was reasonably practicable to mitigate any such risks. In particular:</p> <ul style="list-style-type: none">• Risks in relation to the availability of emergency medicines had not been assessed and mitigated.• Risks in relation to the safe management of the vaccine fridge had not been fully mitigated. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>