

# Drs B B Quansah and A Adedeji Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs B B Quansah and A Adediji Practice on 8 September 2016 and 7 November 2016. Overall, the practice is rated as requires improvement.

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 well managed, with the exception of those relating to infection control and staff training.
- Data showed patient outcomes were comparable to the national average with the exception of those relating to diabetes and cervical smears.
- Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.

- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for and listened to. This was in line with findings in the GP national survey.
- Patients said they found it difficult to make an appointment with a named GP and to access the practice by telephone. Patients said waiting times were too long.
- 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.
- 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 improvements are:

# Summary of findings

- Ensure all staff receive formal training within the recommended time frame for safeguarding, information governance and basic life support relevant to their roles.

In addition the provider should:

- Implement a programme of quality improvement including complete audits to show improvements in patient outcomes.
- Carry out annual infection control audits and complete a COSHH risk assessment.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.
- Put systems in place to improve and monitor patient satisfaction so that it is in line with national survey results.
- Ensure improvements are made in the uptake of cervical screening programme and exception reporting in diabetes to meet the local and national standards.

**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 good for providing safe services.

Good



- There was an effective 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, not all clinical staff could evident that they had appropriate safeguarding adults training and staff did not have annual basic life support training.
- Risks to patients were assessed and managed, with the exception of those relating to infection control, as annual audits were not routinely carried out.

### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average, with the exception of diabetes indicators and cervical screening.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all staff had completed mandatory training including information governance, staff did not receive annual basic life support training and not all clinical staff could demonstrate that they had received safeguarding adults training appropriate for their roles.
- Although, we saw some evidence of audits and data collection there was no evidence that audit was driving improvement in patient outcomes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for and listened to. This was in line with findings in the GP national survey.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care, including consultations with GPs and nurses. For example, 69% 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 national average of 85%.
- The practice could not evidence that they were proactively identifying carers in their practice.
- Information for patients about the services available was easy to understand and accessible.

**Requires improvement**



## 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.
- The practice had disabled facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. The practice told us they were reviewing their appointment system to make more appointments available on the day and were changing their telephone lines to include options. They were also actively recruiting for another reception staff.

**Good**



## Are services well-led?

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

**Good**



# Summary of findings

- 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 procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour. The partners 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 had sought feedback from staff and patients, which it acted on. The practice had recently formed a patient participation group and were working to make this active.
- There was a governance framework, which supported the delivery of the strategy and good quality care. However, a comprehensive understanding of the performance of the practice was not always maintained, we saw no evidence of how clinical audits were being used to monitor and improve services, not all staff had received up to date mandatory training to carry out their roles and annual infection control audits were not being carried out.

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

- The practice offered 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.

**Requires improvement**



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the national average. For example, 64% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 67% for CCG average and 78% for national average. However, the exception reporting was 25%, which was higher than the CCG average of 14% and national average of 13%. The practice told us that they had recently employed a new member of staff to contact patients to attend review appointments to reduce exception reporting.
- 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.

**Requires improvement**



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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.
- The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 79% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



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

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

- The 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.
- There was extended hours offered on Monday, Tuesdays and Fridays between 6.30pm and 7.30pm.
- 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.

Requires improvement



## People whose circumstances may make them vulnerable

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

Requires improvement





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

- Performance for mental health related indicators was similar to the national average. For example, 24 out of 28 patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 90% for CCG average and 89% for national average.
- Performance for dementia related indicators was comparable to the national average. For example, nine out of 10 patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to 87% for CCG average and 84% national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

**Requires improvement**



# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. However, not all clinical staff had completed training in the Mental Capacity Act.

# 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. Three-hundred and forty-seven survey forms were distributed and 102 were returned. This represented 1.5% of the practice's patient list.

- 53% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 53% 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%.
- 65% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 50% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, which were all positive about the standard of care received. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, 11 comment cards and patients we spoke to on the day said the appointment system did not work. Patients said they were not able to get appointments when they need them and they could not get through to the surgery by telephone. This also supported the results of the GP national survey.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure all staff receive formal training within the recommended time frame for safeguarding, information governance and basic life support relevant to their roles.

### Action the service **SHOULD** take to improve

- Implement a programme of quality improvement including complete audits to show improvements in patient outcomes.

- Carry out annual infection control audits and complete a COSHH risk assessment
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.
- Put systems in place to improve and monitor patient satisfaction so that it is in line with national survey results.
- Ensure improvements are made in the uptake of cervical screening programme and exception reporting in diabetes to meet the local and national standards.

# Drs B B Quansah and A Adedeji Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and the team included a GP specialist adviser

## Background to Drs B B Quansah and A Adedeji Practice

Drs B B Quansah and A Adedeji Practice provide primary care services to approximately 6763 registered patients in the surrounding areas of Barking and Dagenham. The practice is also known as Halbutt Street Surgery. The service is provided through a general medical services (GMS) contract. The practice is registered to provide the following regulatory activities: Treatment of disease, disorder or injury; Family planning; Diagnostic and screening procedures and Surgical procedures.

The practice is led by two GP partners, one male and one female and they have three regular locums. One of the GP partners recently joined the practice in June 2016. In total the GPs typically provide 26 sessions per week. The practice employs one part time nurse and one full time nurse, one part time trainee healthcare assistant, five administration and reception staff and one practice manager.

The practice was open between 8am and 7pm Monday to Friday, with the exception of Thursday when the practice was closed from 12pm. The practice telephone lines were

open between 8am and 6.30pm. Appointments were from 9am to 12.30pm every morning, with the exception of Tuesdays when the appointments started from 8.30am. Evening appointments were from 3pm to 6.30pm daily. Extended hours appointments were offered on Mondays, Tuesdays and Fridays from 6.30pm to 7.30pm. The out of hour's service was provided by the local HUB, which could be accessed by patients in the evenings from 6.30pm to 10pm on weekdays and 8am to 6.30pm on weekends. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice was similar to that of other practices in England, with the exception of a higher proportion of children between the ages of zero and 19 years. The life expectancy of male patients was 76 years, which one year less than the CCG and three years less than the national average. The female life expectancy at the practice was 81 years, which is the same as the CCG average and two years less than the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

## 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

# Detailed findings

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.

Drs B B Quansah and A Adedeji Practice was not inspected under the previous inspection regime.

## 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 the announced visits on 8 September 2016 and 7 November 2016. During our visit we:

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a patient had attended the practice and required emergency medication, however this could not be located and an alternative treatment was given to the patient. As a result of the incident, the practice management reviewed the emergency medicines kept in the practice and included additional medication. All staff were informed of the new medication added to the emergency medicines.

### Overview of safety systems and processes

The practice had 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 always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and non-clinical staff to level 1. However, we did not see evidence of two clinical staff having completed adult safeguarding training.

- 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. We saw the last infection control audit had been undertaken in August 2015 and we saw evidence that action was taken to address any improvements identified as a result. However, we did not see evidence of audits being carried out annually.
- 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 the practice had recently put systems in place to monitor their use.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

# Are services safe?

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 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 had actioned all recommendation except for one. They 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 carried out a risk assessment on legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice had not completed a control of substances hazardous to health (COSHH) risk assessment, although they did have cleaning materials in the practice, which could pose a risk.
- 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. However, both

clinical and non-clinical staff told us that more clinical sessions were needed to meet the increasing demands for patients and we saw that the practice had advertised for a receptionist position to meet the increasing administration demands and growing practice list size.

## 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.
- Both clinical and non-clinical staff had not received annual basic life support training since June 2015. 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a 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

### 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 were 95.5% of the total number of points available and exception reporting of 11.6%. (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, 64% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 67% for CCG average and 78% for national average. However, the exception reporting was 25%, which was higher than the CCG average of 14% and national average of 13%. The practice told us that they had recently employed a new member of staff to contact patients to attend review appointments to reduce exception reporting.
- Performance for mental health related indicators was similar to the national average. For example, 24 out of 28 patients with schizophrenia, bipolar affective

disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 90% for CCG average and 89% for national average.

- Performance for dementia related indicators was comparable to the national average. For example, nine out of 10 patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to 87% for CCG average and 84% national averages.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audit completed in the last two years, which had been identified by the CCG, however there was no evidence of completed audit with two cycles where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, however improvements were required:

- We saw that non-clinical staff had access to e-learning and had completed training in: safeguarding, infection control and fire safety awareness. We saw that all staff had received basic life support training in June 2015 and the practice was not aware that guidance had been changed and training needed to be updated annually for all staff. No staff had completed training in information governance. We saw that clinical staff had completed training in safeguarding children however; we only saw evidence of one clinical staff having received training in safeguarding adults. The practice did not have records to confirm that clinical staff had completed any mandatory training, with the exception of the nurse who had completed infection control training in the past 12 months.
- The practice had an induction programme for newly appointed non-clinical staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of



# Are services effective?

## (for example, treatment is effective)

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 discussions with peers.

- 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 and clinical supervision. All staff had received an appraisal within the last 12 months.

### 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; however, we only saw evidence of that nurse having completed training in February 2014 in 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 and smoking. Patients were signposted to the relevant service.
- Smoking cessation advice was available in the practice with the practice nurse.

The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 79% and the national average of 81%. The practice had recently recruited a new member of staff who offered telephone reminders and sent letters to patients who did not attend their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were mixed when comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 92%, which was comparable to CCG and national averages. Vaccinations for five year olds ranged from 78% to 86%, which was comparable to CCG average but was lower than national average.

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.

We received 35 patient Care Quality Commission comment cards about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients on the day of inspection. 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 practices satisfaction scores on consultations with GPs and nurses was lower than local and national averages. For example:

- 77% 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%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 84% 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%.
- 69% 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 national average of 85%.

- 76% 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 national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

When we spoke to management team about these results not all members of the management team we spoke to were aware of their performance in the GP national survey.

### 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 lower than the local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 62% 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%.
- 69% 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% national average of 85%.

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

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

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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 8 patients as carers (0.1% of the practice list). 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, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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.

- The practice offered extended hours on Monday, Tuesday and Friday evenings between 6.30pm and 7.30pm for working patients who could not attend during normal opening hours.
- 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 was disabled access and disabled toilet facilities and translation services were available. There was no hearing loop for people who were hard of hearing.
- There was three consultation rooms on the ground floor and one on the first floor, but there was no lift. The practice told us that disabled patients would be seen in the consultation rooms downstairs. On the day of inspection, we saw parents leaving their babies in their pushchairs with the reception office to be attended by reception staff as they could not take the pushchair upstairs.
- There were clinics run daily by the practice nurse for long-term conditions, including diabetes on Monday mornings, baby immunisations on Tuesday mornings, COPD on Wednesday morning and asthma clinics on Friday clinic. However, patients with these conditions could also be seen at other times of the week at their convenience.
- Nursing staff offered smoking cessation services to patients.

### Access to the service

The practice was open between 8am and 7pm Monday to Friday, with the exception of Thursday when the practice

was closed from 12pm. The practice telephone lines were open between 8am and 6.30pm. Appointments were from 9am to 12.30pm every morning, with the exception of Tuesdays when the appointments started from 8.30am. Evening appointments were from 3pm to 6.30pm daily. Extended hours appointments were offered on Mondays, Tuesdays and Fridays from 6.30pm to 7.30pm. The out of hour's service was provided by the local HUB which could be accessed by patients in the evenings from 6.30pm to 10pm on weekdays and 8am to 6.30pm on weekends. In addition to pre-bookable appointments that could be booked up to six 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 lower than the local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 53% 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%.
- 67% of patients said they felt they normally have to wait too long to be seen compared to the CCG average of 46% and national average of 35%.
- 52% of patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.

Eleven CQC patient comment cards and people told us on the day of the inspection that they were not always able to get appointments when they needed them and with the GP, they wanted to see. The practice management team did inform us that they were aware of the difficulty people had getting through to the practice telephones and therefore were in the process of changing the telephone lines to include options so patients could be directed to the correct administration team. The practice also told us that they were working to increase the number of on the day appointments available but had not yet audited the outcome of this. We saw the practice had advertised for a receptionist position to support reception staff during peak times, but had not received any applications.

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. GPs would telephone the patient or carer in advance to gather information to allow

# Are services responsive to people's needs?

(for example, to feedback?)

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.

- We saw that information was available to help patients understand the complaints system on the practice website and the waiting room.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, we saw a complaint had been made about patient confidentiality when submitting repeat prescription slips in an open box at the reception counter. We saw that the reception team took quick action and replaced the box with a closed lid to maintain security of people prescriptions and confidentiality.

# 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 had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans, which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a governance framework, which supported the delivery of the strategy and good quality care.

- 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 to access on the practice computer system.

However, there were areas of governance which needed to be further improved, including:

- A comprehensive understanding of the performance of the practice was not always maintained. For example, we found that management team were not all aware of the GP national survey and its results and therefore were not aware of patient's feedback about GP and nurse consultations.
- Although we saw some evidence of data collection and audits, the practice did not have a programme of continuous clinical and internal audit being used to monitor quality or to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice had not carried out annual infection control audits or carried out a COSHH risk assessment. Both clinical and non-clinical staff did not have annual basic life support training and the practice did not have records to demonstrate that all clinical staff had completed adult safeguarding training.

### Leadership and culture

On the day of inspection, the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were 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 partners 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 once a month.
- 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 newest partner in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, staff told us that they had suggested that management team recruit a healthcare assistant to support the clinicians in completing health checks and carrying out recalls. The management team recruited a new member of staff to carry out these duties.

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

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

- The practice had recently organised a small patient participation group (PPG) and had had one meeting and

# Are services well-led?

Good 

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

had not submitted any proposals for improvement to the practice. However, we did see evidence of the practice learning and making improvements to the service complaints received. For example, we saw there had been complaints about reception staff and their communication, as a result of this one of the partners delivered customer service training to all members of staff.

- The practice had 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 management team were looking to get funding to expand the practice to accommodate the increasing practice list size. They also wanted to train to become a training practice for medical students.



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 Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <b>How the regulation was not being met:</b>  The provider failed to demonstrate that all staff had received statutory training and other mandatory training necessary for staff to carry out their roles, including safeguarding, information governance and basic life support.  This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.