

Dr Mohammad Khan

Quality Report

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Date of inspection visit: 03 November 2016
Date of publication: 26/01/2017

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



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	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Mohammad Khan	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mohammad Khan on 3 November 2016. Overall the practice is rated as inadequate.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, there was no system in place to monitor and act upon patient safety and medicine alerts.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Put systems in place to ensure all clinicians are kept up to date with national guidance and safety alerts.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.

Summary of findings

- Implement formal governance arrangements including systems for assessing and monitoring risks such as legionella, monitoring training, and the quality of the service provision.
- Ensure that blank prescriptions, patient medical records and electronic data are stored securely.
- Care plans must be developed for patients requiring care and treatment and should be available to all staff involved in providing the care.
- Clinical staff administering medicines must do so under a valid prescription.
- All complaints must be recorded by the practice.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin

the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services and improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Efforts have not been made to minimise the risks associated with providing a medical service and the systems and processes were not implemented well enough to ensure patients were kept safe. For example, there was no system in place to monitor and act upon patient safety alerts.
- Patients were at risk of harm because systems and processes were had weaknesses or were not implemented in a way to keep them safe. For example, the practice did not have patient group directions in place to allow nurses to administer vaccines.
- We found that blank prescriptions, medical records and digital information were not always being stored securely.

Inadequate



Are services effective?

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

- 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.
- Not all clinical were aware of or kept up to date with respect to national guidance.
- There was no evidence that audit was driving improvement in patient outcomes.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its QOF performance to others; either locally or nationally.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice generally in line with or higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice was able to refer patients to other services in the area such as counselling and bereavement support.

Requires improvement



Are services well-led?

The practice is rated as inadequate for providing well led services and improvements must be made.

- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- The patient participation group was active.
- The practice had a number of policies and procedures to govern activity, but some of these had not been effectively reviewed regularly or were specific to the practice. For example, we were showed a policy that was titled with the name of a different practice within the Salford area.
- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- There was no clear leadership structure within the practice.

Inadequate



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 is rated as inadequate for safety and well-led and requires improvement for effective. The issues identified overall affect all patients including this population group.

- 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.
- All these patients had a named GP and regular health checks were offered.

Inadequate



People with long term conditions

The Provider is rated as inadequate for safety and well-led and requires improvement for effective. The issues identified overall affect all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission was identified as a priority.
- 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.

Inadequate



Families, children and young people

The Provider is rated as inadequate for safety and well-led and requires improvement for effective. The issues identified overall affect all patients including this population group.

- 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.

Inadequate



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The Provider is rated as inadequate for safety and well-led and requires improvement for effective. The issues identified overall affect all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered appointments outside of working hours so people in this population group could get an appointment convenient to them.

Inadequate



People whose circumstances may make them vulnerable

The Provider is rated as inadequate for safety and well-led and requires improvement for effective. The issues identified overall affect all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including 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.

Inadequate



People experiencing poor mental health (including people with dementia)

The Provider is rated as inadequate for safety and well-led and requires improvement for effective. The issues identified overall affect all patients including this population group.

Inadequate



Summary of findings

- Mental health indicators were significantly lower than local and 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 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.

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 in line with local and national averages. 349 survey forms were distributed and 90 were returned. This represented 4% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the national average of 73% and the CCG average of 72%.
- 98% 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 85% and the CCG average of 81%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85% and the CCG average of 85%.

- 84% 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 78% and the CCG average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Patients described the staff as caring and that it was easy to get an appointment.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and that they felt involved in their treatment.

Areas for improvement

Action the service MUST take to improve

- Put systems in place to ensure all clinicians are kept up to date with national guidance and safety alerts.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Implement formal governance arrangements including systems for assessing and monitoring risks such as legionella, monitoring training, and the quality of the service provision.
- Ensure that blank prescriptions, patient medical records and electronic data are stored securely.
- Care plans must be developed for patients requiring care and treatment and should be available to all staff involved in providing the care.
- Clinical staff administering medicines must do so under a valid prescription.
- All complaints must be recorded by the practice.

Dr Mohammad Khan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Mohammad Khan

The Dr Mohammad Khan practice is also known as Manchester Road East Medical Centre is located in the Little Hulton area Salford. The address of the practice is 152a Manchester Road East, Little Hulton, Manchester, M38 9LQ. The practice has good parking facilities and has good public transport links with bus stops nearby.

The practice is a single handed GP practice with one male GP, and the practice employs a female GP for one session a week, a practice nurse (female), and a team of administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11.10am in the morning and 3pm to 5.20pm in the evening. Extended hours were offered from 7.30am on a Monday and Thursday. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

Outside of opening hours, patients are directed to the NHS 111 out of hour's service.

The practice is in a deprived area of Salford (scores one on the multiple deprivation decile) and has approximately 2000 patients and operates under a personal medical services (PMS) contract. It is part of NHS Salford Clinical

Commissioning Group. The age group of the patients at the practice is similar to that of the national average but with a slightly higher than average amount of younger people. The life expectancy of patients at the practice is slightly lower than the England average. The practice population are mostly white British and under the age of 45.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 3 November 2016. During our visit we:

- Spoke with a range of staff including a GP, a practice nurse and administration staff, and spoke with patients who used the service.
- 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.

Detailed findings

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 are provided for specific groups of people and what good care looks 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 insufficient system in place for reporting and recording significant events.

- Staff told us they would inform the GP 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 that the practice carried out investigations into significant events but there was limited evidence that they were discussed in practice meetings. The practice did not carry out an overall analysis of significant events to identify trends. Positive events were also recorded on the system.
- The practice was asked about MHRA (medicines and health care products regulatory agency) alerts but were unable to provide us with evidence that the clinical team was receiving and acting on MHRA alerts.

Overview of safety systems and processes

The practice had some processes in place to keep patients safe and safeguarded from abuse but some shortfalls were found.

- 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. However, the policy made reference to another GP practice in the area, and did not clearly outline 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 GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and the practice nurse was trained to level two. Non clinical staff had also received 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). However, we could not find evidence that chaperones were being routinely offered when performing intimate examinations.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice administrator 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 but there was no evidence that staff had received any up to date training since 2014. Annual infection control audits were undertaken but the practice was unable to provide us with evidence of any action taken from the issues identified in the previous audit or who was responsible for this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not fully effective in minimising the risk associated with medicine management (including obtaining, prescribing, recording, handling, storing, security and disposal). There was no formalised procedure in place for repeat prescriptions and medication reviews. There was no evidence to show that the practice was carrying out regular medicine audits.
- We found that blank prescription forms and medical records were not always securely stored, and there was an ineffective system in place to monitor the usage of blank prescriptions. We also found a password written down to access a computer within the practice which contained patient information. The practice informed us that the room the computer was located in was kept locked, but we found that the room was used by an external agency for a healthcare study.
- The practice nurse was administering medicines but we found that Patient Group Directions (PGD) had not been adopted by the practice to allow nurses to administer medicines in line with legislation (issuing medicines without a PGD in place is unlawful). The GP was

Are services safe?

unaware as to what his responsibilities were in relation to PGDs which was a risk to patients. The practice ensured that PGDs were in place before we left and evidence was seen to confirm this.

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

Monitoring risks to patients

Risks to patients were assessed and mostly well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice did not have a legionella risk assessment in place and we saw no evidence that legionella checks had been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was an informal rota system in place for all the different staffing groups to ensure enough staff was 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.
- The practice had a defibrillator available on the premises and oxygen. A first aid kit was 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 did not include emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not have a system in place to receive National Institute for Health and Care Excellence (NICE) best practice guidelines and failure to follow guidelines can put patients at risk.

- The practice received updates from Salford Clinical Commissioning Group and followed local pathways to keep all clinical staff up to date.
- There was no evidence to demonstrate that 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 90% of the total number of points available with 4% exception reporting (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 an outlier for some QOF (or other national) clinical targets. Data from 2015/2016 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 74% compared to the national average of 83% and the CCG average of 83%.
- The percentage of patients with hypertension having regular blood pressure tests was 93% which was above the national average of 83% and the CCG average of 83%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% (with 0% exception reporting) which was above the national average of 84% and the CCG average of 84%.

- The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis was 67% which was 25% below the CCG average and 28% below the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months was 11% compared to the national average of 89% and the CCG average of 87%. The practice was unable to provide a reason as to why the score was so low.

There was limited evidence of quality improvement including clinical audit.

- We reviewed one clinical audit completed in the last year. The audit was not a full cycle and was unable to demonstrate any improvements made to patient outcomes, but the audit did demonstrate compliance with sore throat antibiotic prescribing guidelines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had recently completed a training course to be a cervical smear taker.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice told us that learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs and that staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However, we did not find evidence of a systematic approach to

Are services effective?

(for example, treatment is effective)

identity and monitor training needs and its delivery. Staff had access to e-learning training modules and in-house training. However, staff had not completed any e-learning since 2014.

- All staff had received an appraisal within the last 12 months. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

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 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.
- There was evidence to demonstrate that effective care plans were not always in place for patients requiring care and treatment. The practice was unable to provide any care plans for patients needing an emergency health care plan.

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 patients with complex needs were routinely reviewed.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring 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's uptake for females screened for breast cancer within six months of invitation was 25% which was below the CCG average of 65% and the national average of 74%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 94% and five year olds from 92% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 89% and national average of 91%.
- 93% said the GP gave them enough time (CCG average 89%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

- 94% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%)
- 95% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers (5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call 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

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 opening hours on a Monday and Wednesday morning from 7.30am 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 as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11.10am in the morning and 3pm to 5.20pm in the evening. Extended hours were offered from 7.30am on a Monday and Thursday. 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. Access within the building was restricted but patients could be seen on the ground floor if they were unable to use the stairs to the first floor.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 100% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).

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

The practice had a system in place to assess:

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

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 written complaints and concerns but lacked a system for documenting verbal complaints.

- 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.
- The practice only documented written complaints, but after discussion they agreed to document verbal complaints in the future for the purpose of monitoring and learning.

We looked at one complaint received in the last 12 months and found it was satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints but the practice did not perform overall analysis and trending from complaints or concerns.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The provider and practice manager described to us a value system which sought to ensure the delivery of a high quality service to patients but the provider did not have a recorded vision or business plan about how to deliver high quality care and promote good outcomes in all areas for patients. A strategy was not in place for achieving a high quality service or to make improvements. While we found that meetings within the practice were taking place, they were not well documented and lacked structure.

Governance arrangements

The practice lacked an overarching governance framework which supported the delivery of the strategy of good quality care. Some systems and procedures were in place, we found shortfalls in the way the practice was operated:

- There was no documented system of clinical audit in place and there was a lack of internal checks and audits to monitor the quality of the service, identify issues and make improvements.
- Patients were at risk of harm because systems and processes were not in place, or had weaknesses, or were not implemented in a way to keep them safe. For example we found areas of concern in respect to patient safety alerts, a lack of risk assessments including legionella, and PGDs were not in place.
- Arrangements for identifying, recording and managing risks were not in place. For example we found blank prescriptions and medical records that were kept in a locked room but the room was regularly used by an external organisation.
- An understanding of the performance of the practice was not consistent. The practice had little awareness of QOF performance and there were no plans in place in how the practice was aiming to improve on the areas that were scored lower.

Leadership and culture

On the day of inspection the provider and practice administrator told us that they had the experience, capacity and capability to run the practice and ensure high quality care. They told us how they prioritised safe, high quality and compassionate care. However, the lead GP had

not identified the shortfalls in the service provision that were found at the inspection. Staff told us the lead GP was approachable and supportive. The practice did not have a practice manager in place and some staff told us that they felt the practice would benefit from having a practice manager in place to improve delivery of the service.

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). If things went wrong with care and treatment:

- The practice knew to give affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept records of written correspondence but did not keep written records of verbal interactions which meant that the practice was missing data to carry out analysis and trending on.

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

The practice had gathered feedback from patients through the patient participation group (PPG). We spoke with members of the PPG prior to our visit. They spoke positively in respect of the management of the practice encouraging them to express their views, listening to those views and responding positively to them. The practice gathered feedback from staff through discussions and team meetings.

Continuous improvement

There was no evidence to demonstrate innovation or service development. There was minimal evidence of learning and reflective practice. Clinical and non-clinical staff we spoke with said they were encouraged and were enabled to access training that was relevant to their role and responsibilities. However, there was no formal way to monitor staff training. We were unable to determine if staff were being provided with the regular appropriate training they required.

The practice told us there were plans to move into a purpose built premises in the future. They told us that this would help improve patient care and offer better services.

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Family planning services	The provider had not developed care plans for all patients requiring care and treatment.
Maternity and midwifery services	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not carry out audits to ensure quality improvement had been achieved. The provider did not have formal governance arrangements or systems in place to monitor risks, training, keeping patient information secure, or the quality of the service. The service had not ensured that all clinical staff were administering medicines under a valid prescription. The service did not ensure that all complaints were documented.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not have systems in place to ensure that all clinicians were kept up to date with national guidance and safety alerts.